

**Nebraska FY 2012
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2012

Submitted by: Nebraska

DUNS: 808819957

Printed: 2/12/2013 4:25 PM

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Based on Work Plan: NE 2012 V1 R0 Approved 9/11/2012

Annual Report Created on: 1/11/2013

Annual Report Submitted on: 2/1/2013



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Executive Summary

The Nebraska Department of Health and Human Services (NDHHS) submits the following **WORKPLAN to describe activities being carried out using Preventive Health and Health Services Block Grant (PHHSBG) funds during Federal Fiscal Year 2012 (October 1, 2011 to September 30, 2012).**

The Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services has awarded PHHSBG funds to the State of Nebraska annually since 1981. The NDHHS receives and administers the funds as the designee of the Governor of Nebraska.

Funding Assumptions:

The preparation of the FY2012 Workplan is based on the allocation table from CDC, as distributed to the states and posted on the BGMIS website. Subsequent changes in the allocation or the amount actually made available for use by the NDHHS will be handled in accordance with the NDHHS policy, the recommendations of the Nebraska Preventive Health Advisory Committee and in compliance with pertinent Public Health Services Act provisions. Subaward or subcontract of funds are always made contingent upon receipt of sufficient federal funds.

State Level Allocation of Funds During FY2012:

Pending the integration of Healthy People 2020 national goals and objectives, this Workplan continues to address national-level Healthy People 2010 objectives. The on-going priority areas were determined in consultation with the Nebraska Preventive Health Advisory Committee. The selection of current year projects was based upon data on the leading public health problems and needs in Nebraska and upon availability of alternate financial resources.

The following amounts have been allocated to priority programs for FY2012:

PROGRAM ALLOCATION

• Diabetes Program.....	\$167,400
• Emergency Medical Services.....	\$30,000
• Laboratory Testing Program.....	\$105,750
• Living Well Program.....	\$20,000
• Minority Health Program.....	\$77,400
• Oral Health Program.....	\$10,550
• People, Places & Partners Program (Infrastructure).....	\$ 294,284
• Unintentional & Intentional Injury Program.....	\$222,000
• Worksite Wellness Program.....	\$245,060

Funding History:

Nebraska prides itself on its prudent and strategic use of PHHS Block Grant (PHHSBG) funds over the previous three decades. The PHHSBG has allowed us the flexibility to address our most important public health issues and has been critical our ability to prevent and control chronic disease and injury in Nebraska.

During the past 15 years, Nebraska has repeatedly met the challenge to address and sustain priority programs, initiate and spin off pilot projects and leverage other funding despite declining allocations.

- In 1998 Nebraska's allocation was \$2.7 million; by 2002 it was \$2.2 million; by 2005 it was \$1.9 million.
- Nebraska's PHHSBG allocation decreased by more than 20% from FY2010 (\$1.6 million) to FY2011 (\$1.2 million) and by another 10% from FY2011 to FY2012. The most recent cut in funding forced us

to reduce all projects and to eliminate others.

Law:

- United States Code (as of 1-02-2001), Title 42 - The Public Health and Welfare, Chapter 6A - Public Health Service, Subchapter XVII - Block Grants, Part A - PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANTS, Sections 300w through 300w-10.
- *Funds are administered through the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Titles I-V (Public Law 78-410); as added by the Omnibus Budget Reconciliation Act of 1981, Title XIX, Part A, Sections 1901-1907 (Public Law 97-35); amended by Preventive Health Amendments of 1984 (Public Law 98-555); Omnibus Programs Extension of 1988 (Public Law 100-607), and Preventive Health Amendments of 1992 (Public Law 102-531). [The Crime Bill of 1994, Violence Against Women Act, which added Section 1910A, Rape Prevention and Education, was repealed in 2000 by Public Law 106-386.]*
- *The NDHHS will abide by Federal certifications and assurances; use funds in compliance with the PHHS Block Grant law; and maintain the required Nebraska Preventive Health Advisory Committee, including provision of the travel and personal maintenance support.*

State Program Title: DIABETES PROGRAM**State Program Strategy:**

Program Goal: The PHHS Block Grant-funded *Diabetes Program* is dedicated to preventing death and disability due to diabetes. The program focuses on people living with diabetes or at risk for developing diabetes and on diabetes care providers. Services are delivered in both rural and urban areas of the state.

Health Priorities: During 2010, 450 Nebraska residents died from diabetes (diabetes was the first-listed cause of death on their death certificate). This number translates into a mortality rate of 21.6 deaths per 100,000 population, age-adjusted to the 2000 US population. Diabetes also remained the seventh leading cause of death among Nebraska residents in 2010.

Primary Strategic Partners:

- External: Community Action Partnership of Western Nebraska; Nebraska Medical Center Diabetes Program at OneWorld Community Health Center; CIMRO of Nebraska (Quality Improvement Organization for Nebraska); Certified Rural Health Clinics; Lincoln-Lancaster County Health Department; and others.
- Internal: NDHHS programs which include: Heart Disease and Stroke Program (formerly known as the Cardiovascular Health Program), Nutrition and Activity for Health (NAFH) Program, Comprehensive Cancer Program, Office of Health Disparities and Health Equity, Office of Rural Health, and Breast and Cervical Cancer Program.

Evaluation Methodology:

- The NDHHS Public Health Support Unit, Health Statistics and Vital Records collect and report data including cause of death information.
- The two contracting diabetes clinics gather data on the number of their patients that undergo A1c tests and compare to previous year data.
- The Nebraska Registry Project (NRP) tracks the number of clinics that participate in training and a diabetes quality improvement project. In addition, the NRP documents A1c levels and other diabetes and cardiovascular disease indicators.
- The "Defend Against Diabetes" social marketing campaign tracks the number of hits to the campaign website and take the diabetes risk assessment test is now on the website. Data from the risk test are collected, including information on the zip code of the person taking the risk test and how they heard about the campaign.
- Diabetes and pre-diabetes data from the Behavioral Risk Factor Surveillance System (BRFSS), are used to monitor the prevalence of diabetes and pre-diabetes along with diabetes risk factors among a representative sample of adult residents in Nebraska. Data from the BRFSS diabetes modules are used to monitor (among people who have been diagnosed with diabetes) the proportion who receive certain key preventive health services (A1c tests, dilated eye exams, foot exams, visits to a health professional for diabetes), the percentage who have ever taken a diabetes education class, the proportion of those who practice self-care management (self-monitoring of blood glucose, foot self-exams, and the prevalence of retinopathy or related symptoms). Questions about the "Defend Against Diabetes" campaign were added to the BRFSS survey to determine statewide awareness of the campaign during 2011.

National Health Objective: 5-5 Diabetes**State Health Objective(s):**

Between 10/2010 and 09/2015, **maintain the diabetes death rate at no more than 75 per 100,000 population.**

This rate pertains to those deaths where diabetes was mentioned anywhere on the death certificate.

State Health Objective Status

Not Met

State Health Objective Outcome

In 2011 there were 1,759 diabetes-related deaths, and this number translates into a rate of 82.6 (per 100,000 population; age-adjusted to the 2,000 US population.)

Reasons for Success or Barriers/Challenges to Success**Reasons for Successes Achieved:**

- Partner's contributed their time and expertise to the "Defend Against Diabetes" campaign.
- Expertise and dedication of staff tht provided care and education for people with diabetes.

Challenges to Success:

- Decreased funding for the "Defend Against Diabetes" campaign.
- Decreasing participation in numbers of clinics participating. As clinics begin using electronic health records these clinics would have to duplicate entry of this information into the Nebraska Registry Project. Most clinics do not want to enter health data twice.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Partnering with diabetes stakeholders. gathering suggestions from outside the NDHHS, exploring options to maximize effect of funds.

(-) As the cost of using Husker Sports Network for radio ads increased, the program searched for lower cost methods for the "Defend Against Diabetes" campaign. The campaign task force used a new contractor who found reduced cost radio time. The task force also suggested working with Google and facebook ads, and messages for worksite wellness programs.

(-) The Nebraska Registry Project (NRP) is reviewing options that would allow clinics that work with the project to continue without entering data twice.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Thirteen Billboards were up for extra time because of expertise of the contractor in timing placement and negotiating with media vendors for a value of \$13,234. The savings is based on the individual cost of the billboard and its location.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Increase awareness of the prevention and control of diabetes.**

Between 10/2011 and 09/2012, Diabetes Program and "Defend Against Diabetes" Task Force will increase the number of individuals that are aware of diabetes prevention strategies from 770 to **1,000 persons**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, Diabetes Program and "Defend Against Diabetes" Task Force increased the number of individuals that are aware of diabetes prevention strategies from 770 to 1400.

Reasons for Success or Barriers/Challenges to Success

- Success was due to partners that contributed to the "Defend Against Diabetes" Campaign. Even though there were limited funds, partners contributed time to develop and implement the campaign. Campaign partners included Lincoln Lancaster County Health Department, University of Nebraska Medical Center Diabetes Program, CIMRO of Nebraska, American Diabetes Association, St. Francis Medical Center, Mary Lanning Memorial Hospital, Cooperative Extension, East Central District Health Department, WISEWOMAN Program, Heart Disease and Stroke Program, Tobacco Free Nebraska Program, Nebraska Diabetes Educators Association, and others.
- Decreased funding for the campaign from FY2011 to FY2012.

Strategies to Achieve Success or Overcome Barriers/Challenges

- The cost of using Husker Sports Network for radio ads became very cost prohibitive the task force used a new contractor who was able to locate reduced cost radio time. The task force suggested using Google and Facebook ads and messages for worksite wellness programs.

Activity 1:

Conduct "Defend Against Diabetes-Nebraska Families Team Up" (social marketing campaign)

Between 10/2011 and 09/2012,

- Update campaign messages.
- Develop outdoor advertising in communities across Nebraska.
- Develop a diabetes risk test for pre-diabetes for use on website.
- Update "Defend Against Diabetes" website.
- Develop and air paid radio messages.
- Provide educational materials to health care providers.
- Convene task force meetings bi-monthly.

Activity Status

Completed

Activity Outcome

The Defend Against Diabetes campaign has been very successful during this time period. The DPCP was able to evaluate the success of its advertising dollars in realtime because we strategically built our website around the risk assessment test, which asks the user how they found out about the website (billboards, radio, etc) and what their zip code is. This way, when we ran a newspaper or radio ad we could log in to the website's back end data to see how many people responded to the ad, from which medium (newspaper, radio, etc) and where they live. This tool is invaluable in helping us make decisions to spend our advertising dollars in the most efficient ways possible.

In January of 2012, Dr. Schaefer the Director of the Division of Public Health sent an e-mail to employees of the Department of Health and Human Services encouraging them to take the "Defend Against Diabetes" risk test. Within a week over 200 people took the risk test.

In May, in order to reach into the rural areas, we placed ads with Nebraska Press Association's Statewide Ad Network, a group of 172 newspapers that reach every part of the state, many of them in very small towns. This effort was successful in getting our message into some very isolated areas. We also placed ads on radio stations in the central part of the state (Lexington, Kearney, and Grand Island), which was unique to our spring campaign. These

stations have a very broad reach into the rural areas as well.

During the summer of 2012 we focused on radio in Omaha, by far the largest metropolitan area in the state, as

we knew this to be an efficient use of our funds. In addition we experimented with ads on Facebook, Google, and Omaha.com using a small daily budget and assessing our results as we went. We continued to work with Karen Brokaw who helped us decide the best media strategies for mass appeal at the best prices. We also had the radio stations play our ads as Public Service Announcements. The Omaha radio personalities did a fantastic job with recording our ads. At the end of September, we had a total of 972 people take our risk assessment test. An analytics report revealed that between March 29, 2012 and September 29th, 2012 we had over 1400 unique pageviews to our Defend Against Diabetes website.

We have limited funding for this campaign, so in July, 2012 the Diabeter Program began meeting with our local health

department and their worksite wellness leaders. Together we devised a plan to send email messages to employers to promote the risk assessment as a low cost way to promote our campaign after our budget has been spent. These messages will be used for Diabetes month beginning in November 2012. We also continued to promote Defend Against Diabetes with Action Now, our local diabetes coalition.

During this time period we selected two people to be our Success Stories. The first, Joey Mumaugh, is a young man who found out he had type 2 diabetes after having a life insurance physical shortly after the birth of his first child. In the three years since, Joey has lost 130 pounds and no longer has diabetes. In June, Joey graciously let us come to his house and take pictures of him and his family which we featured on our website. He will also be featured in a TV ad for us.

His story can be found here: <http://dhhs.ne.gov/publichealth/Pages/DadSuccessStoriesJoey.aspx>.

We also added a Success Story about a woman, Andrea, who was diagnosed with gestational diabetes. She worked hard with her health care team and had a healthy pregnancy and a healthy baby. Her story can be found here:

<http://dhhs.ne.gov/publichealth/Pages/DadSuccessStoriesAndrea.aspx>

We included questions on the 2011 Nebraska BRFSS on the "Defend Against Diabetes" campaign. Of the 9,372 people who were surveyed, 34.8% said "yes" to the question "During the past year, have you heard any messages on the radio urging people to Defend Against Diabetes -Get a Game Plan?" Of the 3,509 people who responded "yes" to this question, 90.2% answered "yes" to the second question: "Did any of these messages mention that losing a modest amount of weight can reduce your risk for diabetes?" Of the same group, 92.9% answered "yes" to the third question: "Did any of these messages tell you to see your doctor so you know if you are at risk for diabetes?" And of this same group, 23.3% answered "yes" to the final question: "Did any of these messages motivate you to obtain more information about diabetes?"

Reasons for Success or Barriers/Challenges to Success

(+) Success was influenced by the partners that participated in the campaign. Partners volunteered for events and provided input and feedback on campaign development, implementation and the process of updating the campaign.

(-) Decreased funding.

Strategies to Achieve Success or Overcome Barriers/Challenges

(-) Partners were essential in providing ideas for a lower cost media campaign, including using google and facebook ads; and messages for worksite wellness programs.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Diabetes Clinical Interventions

Between 10/2011 and 09/2012, partners (NDHHS Diabetes Program, Community Action Partnership of Western Nebraska, Nebraska Medical Center working at OneWorld Community Health Center and participating Certified Rural Health Clinics) will increase the number of clients with diabetes enrolled in community-based programs or who are participating at clinics served by NRP Clinics that had at least one A1c test performed during the previous 12 months from 46% to **51% of community-based program clients.**

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, partners (NDHHS Diabetes Program, Community Action Partnership of Western Nebraska, Nebraska Medical Center working at OneWorld Community Health Center and participating Certified Rural Health Clinics) increased the number of clients with diabetes enrolled in community-based programs or who are participating at clinics served by NRP Clinics that had at least one A1c test performed during the previous 12 months from 46% to **71% of community-based program clients.**

Reasons for Success or Barriers/Challenges to Success

- Success was influenced by the dedicated staff from programs and clinics that recruited patients into the program.
- Maintaining working relationships between program staff and clinic staff.
- Overcoming reluctance and convincing clinic staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

- Strategies that were beneficial to success included the use of the planned care model.
- Continued communications with partner clinics.

Activity 1:

Diabetes self-care

Between 10/2011 and 09/2012, contract with two community-based clinics serving primarily minority and low-income clients (Community Action Partnership of Western Nebraska and Nebraska Medical Center Diabetes Program at OneWorld Community Health Center) to provide evidence-based diabetes patient education and interventions, reaching a total of at least 90 new patients with diabetes.

- Community Action Partnership of Western Nebraska (CAPWN) will provide culturally appropriate education and interventions for 50 new individuals with diabetes: Provide and conduct 12 diabetes education sessions, one-on-one diabetes education, smoking cessation information to currently enrolled persons and newly referred persons. CAPWN will continue to participate in Diabetes Collaborative activities (initiative of the Bureau of Primary Health Care to improve diabetes systems change in clinics).
- The Nebraska Medical Center (NMC) Diabetes Program will provide evidence-based culturally appropriate diabetes patient education and materials to 40 patients at OneWorld Community Health Center. NMC will conduct one-on-one education sessions.

Activity Status

Completed

Activity Outcome

1. **Community Action Partnership of Western Nebraska (CAPWN)** provided diabetes services for 534 people with diabetes.

The CAPWN Health Center Diabetes Educator provided direct services to 178 unduplicated diabetic patients at CAPWN Health Center in this reporting time period the duplicated number of patients with diabetes was 613.

The Diabetes Program Manager, an RN, serves as the Diabetes Educator. It is her responsibility to provide the group classes and the 1:1 client education. She works closely with the medical providers in the health clinic, adjusting medications to improve outcomes. The 1:1 sessions are scheduled appointments in the Diabetes Educator's schedule and are 45-60 minutes in length. Topics covered in the sessions vary depending on the need of the individual patient. Topics can include pathophysiology, action of oral meds and insulins, insulin pump therapy, complications of diabetes including microvascular and macrovascular diseases, dietary plans utilizing food models, the plate method and carbohydrate counting, smoking use and cessation, glucometer education, and initiating insulin therapy as ordered by the medical provider.

CAPWN Health Center fell just short of its own objective of increasing by 5% the number of A1c tests given by the end of FY 2012. CAPWN Health Center had 18 more A1c's in FY2012 than in FY 2011. To meet its objective CAPWN Health Center needed to increase by 26 the number of A1c tests in FY 2012 than were given in FY2011.

At the end of Fiscal Year 2012, there were a total of 808 patients with diabetes in the CAPWN Health Center registry (i2i). Of those 808 patients a total of 535 patients (66.21%) had received at least one A1c in the past 12 months. In FY 2012 there were a total of 348 patients in the i2i registry (43%) who had at least 2 A1c's in the reporting year.

CAPWN Health Center did not meet its objective of seeing 50 new diabetic patients in the reporting period. From October 1, 2011 – September 30, 2012 saw a total of 12 new patients with diabetes.

CAPWN Health Center staff held 12 Diabetes Support classes between October 1, 2011 and September 30, 2012. The support classes were held at CAPWN Health Center and in Lyman, Nebraska. Topics covered by the presenters included: Foods Come in all Colors; Glucose Control during Illness; Kidney Disease- presented by the nurse manager of the DaVita Dialysis Unit ; Know Your Numbers- CVD and Diabetes; Using Your Glucometer to your Best Advantage; A Diabetes Journey- Complications of Diabetes (Utilized the Merck Map); Carbohydrates and Glucose Control; Consequences of Hypertension and High Glucose levels- presented by Dr. Cardozo- a resident at CAPWN. Written materials were handed out at each class.

The Diabetes Educator has a comprehensive array of materials on diabetes and CVD available in both Spanish and English. After the Diabetes Educator meets with the patient, she determines the specific materials to give to the patient including self-management logs for the patient to track their progress at home.

CAPWN Health Center provides interpreters for Spanish only patients or for patients whose native language is Spanish and who prefer to have their medical care delivered in Spanish. A sign language interpreter is available when this service is known to be needed and is arranged by the staff.

The Diabetes Program Manager makes referrals to patients as needed. Referrals made internally to other CAPWN programs include the Commodity Program, Immunization Program, Reproductive Health,

Outreach for food assistance, Weatherization, and Dental Programs.

A Dietitian works with the Diabetes Educator to plan the support groups. The Diabetes Educator and Dietitian prepare and provide instruction for the support groups. On occasion, one of the health center medical providers presents a diabetes related topic to the support group. The monthly classes are offered September through May, with the exception of December. These classes are held in the Gering Health Clinic with additional classes held in an outlying community 4-5 times a year. During July and August, Diabetes, Cardiovascular and Dietary classes are held for the migrant population with Spanish interpretation.

CAPWN Health Center's Electronic Medical Record (EMR) and its patient registry i2i, have evidenced based guidelines built into their respective systems for all chronic diseases including diabetes and cardiovascular health. When working with a patient, the Diabetes Educator and providers can use the evidenced based guidelines in the EMR to ensure that they are covering all aspects of an appropriate visit with a diabetic or a CVD patient. The Diabetes Educator when working 1:1 with patients uses the Nebraska Diabetes Consensus Guidelines with emphasis on CVD risk reduction as her guide. Diabetic and CVD patients are automatically entered into the i2i registry for those disease processes by their ICD-9 codes through the Centricity Practice Management system.

CAPWN Health Center's Diabetes Educator organized or attended several health fairs throughout the fiscal year. During the health fairs the Diabetes Educator provided individuals with educational materials on diabetes and CVD.

CAPWN co-sponsored the "Diabetes Update" conference on April 13 in Gering, Nebraska. There were 161 health professionals that attended the conference.

Phyllis Smith the Diabetes Educator that worked as a diabetes educator at CAPWN since 1983 retired this year. In late August, Stella Martinez was hired as the new diabetes educator. Ms. Martinez attended a two week training at Wichita State University, Diabetes Education Update.

2. Nebraska Medical Center Diabetes Program/One World Community Health Center in Omaha

A total of 153 patients were seen from Oct. 1, 2011 through September 30, 2012. Of the 153 contacts, 128 were new patients and 25 were follow appointments.

100% of individual diagnosed with diabetes receive a Hgb A1C test every 3-6 months. Those with uncontrolled diabetes with A1C's above 9% are targeted and seen by education staff and/or medical staff monthly. Additional services are offered as needed including meeting with the Social Worker regarding financial barriers and meeting with Behavioral Health regarding emotional barriers. Individuals with gestational diabetes or pre-diabetes do not receive regular HgB A1C tests.

The Nebraska Medical Center provided a Registered Dietitian who is also a Certified Diabetes Educator to the One World Health Center for diabetes education. A total of 16 hours each month is offered for individual patient appointments and/or group classes. Appointments are being offered in 30 minute sessions. Trained Spanish Interpreters are provided by One World Health Center as needed.

The clients are typically seen by one of the diabetes nurses at One World via an initial one-on-one appointment and/or in a group class. They are then scheduled for an individual appointment with the dietitian. The group class/group visit covers self-management topics including monitoring blood sugars, medication management, prevention of complications and basic nutrition guidelines based off AADE 7 Self-Care Behaviors. In addition, clients are given a foot exam and an eye exam. They will also be seen by a One World physician at this same time. The group class along with the individual nutrition appointment is comprehensive and meets the requirements for recognition via the American Diabetes Association.

During the individual appointment with the dietitian, a detailed nutrition assessment is completed and a plan of care is determined. Patients are typically provided with individual meal and exercise plans. Additional education is provided as needed on topics such as pre-diabetes, hyperlipidemia, low-sodium guidelines, weight management, prevention of diabetes-related complications, medication management, home glucose monitoring, etc.

The number of patients with gestational diabetes seen at One World is increasing. Women with gestational diabetes are typically scheduled for a group class with the diabetes nurse within 1 week of diagnosis. They are provided a meter and a basic nutrition plan. They are then referred to the dietitian for more detailed nutrition education within the next 1-2 weeks. On-going follow-up appointments are provided in accordance with the Nebraska Medical Center Diabetes Center protocol which is based off the American Diabetes Association Clinical Recommendations and the American Dietetic Association Medical Nutrition Therapy Guidelines.

Follow-up appointments with the dietitian and staff nurse are determined on an individual basis. The nurse educators at One World provide follow-up phone calls to specific patients for titration of insulin and/or diabetes medications. Individuals with an A1C greater than 9% are being flagged and targeted for more intensive follow-up.

Spanish education material is provided that is culturally relevant and is purchased through grant funds. Pharmaceutical companies provide some of the initial supplies including insulin kits and education brochures. Meters, strips and additional syringes are being offered through the "Hope Pharmacy" for a reduced fee based off income on a sliding scale.

A total of 153 patients were seen from October 1st 2011 through Sept. 30th 2012 for one-on-one dietitian visits. The percentage of new patients out of the total number seen was 84% which is an increase of 8% as compared to last year. The no show rate of 46% is 7% higher as compared to 2011, however, appears to have improved over the past 1-2 months.

On-going meetings with the staff at One World Health Center are planned as needed to continually assess the effectiveness of the program. Steps are currently being taken by the diabetes education staff to make sure patients are receiving phone call reminders to help improve show rates. The new procedure is to have support staff contact patients 2-3 days prior to their appointment. In the event they cancel the support staff and/or diabetes educators attempt to fill the vacant appointment times.

Hgb A1C's are measured at 3-month intervals on all patients in the program with the exception of those with gestational diabetes and pre-diabetes. Average A1C's at initial appointment was 9.3%, 1-3 month follow-up- 7.9%, 3-6 month follow-up-7.2% and 6 months to 1 year-8.4%. These results are very similar as compared to fiscal year 2010/2011 with average A1C at initial appointment of 9.2%, 1-3 month follow-up of 7.8%, 3-6 month follow-up-7.6% and 6-12 month follow-up-7.9%.

Reasons for Success or Barriers/Challenges to Success

- (+) The expertise and dedication of clinical staff that provide care and education for people with diabetes.
- (-) Low socioeconomic status of the population that attend the clinics.
- (-) Retirement of long-time diabetes educator at CAPWN.

Strategies to Achieve Success or Overcome Barriers/Challenges

- (-) CAPWN was able to hire and train a new diabetes educator.

Activity 2:

Nebraska Registry Partnership

Between 10/2011 and 09/2012, provide technical assistance and training to 4 clinics participating in the NRP, which is based on the Planned Care Model and evidence-based diabetes and cardiovascular standards of care. Technical assistance will include implementation and evaluation of a clinic-based diabetes quality improvement project, clinic data interpretation, and educational offerings to clinics. The NRP is a web-based diabetes and cardiovascular electronic registry which documents diabetes and cardiovascular indicators (indicators include A1c, eye exam, foot exam, microalbuminuria, pneumonia immunization, flu immunization, blood pressure, cholesterol, HDL, LDL, triglycerides, aspirin use, tobacco assessment, tobacco education, and weekly exercise).

Develop a long-term comprehensive evaluation plan for the NRP.

Activity Status

Completed

Activity Outcome

The Nebraska Registry Partnership (NRP) was established to increase the number of clinics in Nebraska utilizing a registry system to improve the care of patients with cardiovascular disease and diabetes. The NRP is composed of Nebraska Department of Health and Human Services, Heart Disease and Stroke Program, Diabetes Prevention and Control Program, Office of Rural Health, CIMRO of Nebraska, and Nebraska Rural Health Association. In the past year, we have assisted 3 clinics use a web-based software to record and track clinical measures, educate patients on their condition, and use as a source of clinical decision support.

The NRP lost several of the partner clinics during this fiscal year. This was because clinics have implemented new Electronic Health Records (EHR), and were unable to devote the time to entering data in both systems. The next section of this report details our efforts to increase the number of people in our registry.

The DPCP's Quality Improvement efforts with the Nebraska Registry Partnership (NRP) have produced enviable results in our clinics' ABC (A1C, Blood Pressure, and Cholesterol) data compared to current national averages. The percentage of people in the registry with an A1c value of less than 7 remains at 57%; we will work with clinics on quality improvement activities to increase that value. However, the clinics have made a lot of progress over the last year in improving care for people with diabetes. Providers are doing much better in counseling their patients on the importance of physical activity (from 47% to 73%) and reducing the sodium in their diets (68% to 86%). Also, the clinics have improved their documentation of tobacco use assessment and fax referral to the Nebraska Tobacco Quitline. In addition, one of our clinics has over half the population with both blood pressure controlled and LDL <100. Measurement of microalbumin has increased dramatically in NRP clinics over the past year, with only 23% of patients getting their annual test at the end of 2011 compared to 42% at the end of the reporting period.

The NRP Coordinator continues to work with the clinics on quality improvement focusing on the ABCs by providing monthly and quarterly reports with written analysis and regular phone calls. The latest quarterly report is attached.

Reasons for Success or Barriers/Challenges to Success

(+) Expertise of the NDHHS Diabetes and Heart Disease and Stroke Staff that operate the program.

(-) Clinics are declining to participate due to the issue with electronic medical records are being implemented and the lack of compatibility with the Diabetes/CVH Registry at a reasonable cost. Clinics

are also unwilling to enter data into the electronic medical record and then a second time into the registry.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Nebraska Registry Partnership is working to determining the course of action with the registry and how the diabetes and cardiovascular registries can proceed with a clinic declining participation in the project. The NRP has been talking with Blue Cross/Blue Shield (BC/BS), which is working on a registry project, to determine if NRP can participate in the BC/BS project. The NRP has also been talking with the Guideline Advantage program, which is a co-sponsored project of the American Heart Association, American Diabetes Association, and the American Cancer Association. The Guideline Advantage project can pull data from medical records for a registry, decreasing the burden on clinic staff of multiple entry of data.

State Program Title: EMERGENCY MEDICAL SERVICES SUPPORT

State Program Strategy:

Program Goal:

The PHHS Block Grant-funded **Emergency Medical Services (EMS) Program** is dedicated to improving the capacity of local ambulance services to provide emergency care to the sick and injured in Nebraska. Cardiac emergencies are one of the more common calls to which EMS responds. The foci of the following activities are to improve the recognition of cardiac emergencies by potential victims and improve the EMS response to these victims.

Health Priority:

Decrease the mortality and morbidity from myocardial infarctions. Based on the 2009 Nebraska Vital Statistics Report, death due to heart disease was the second leading cause of death.

Primary Strategic Partners:

External – Crete Area Medical Center, Dr. John Bonta, Dr. Don Rice, Dr. Amy Vertin, doctors serving Crete, several doctors from across Nebraska, Creighton EMS Education Program, Crete Fire and Rescue, Crete Ambulance, Dorchester Rescue, DeWitt Rescue, Clatonia Rescue, Wilber Rescue, Southwest Rural Fire and EMS, BryanLGH Medical Center, Good Samaritan Hospital in Kearney, two rural paramedics from Beatrice Fire and Rescue, Lincoln Fire and Rescue, Nebraska City EMS, Syracuse EMS, Wahoo Rescue, ProMed EMS.

Internal: NDHHS programs which include: Unit of Health Promotion, Office of Community Health Planning and Performance Management, Office of Rural Health, Office of Vital Statistics, Cardiovascular Health Program, Operations, Communications and Legislative Services.

Evaluation:

Create a written report which reflects the following:

- Number of Services and EMS providers attending cardiac emergencies classes.
- Number of services trained on 12-lead electrocardiogram (EKG) placement, data collection, transmission of EKG data to Crete Area Medical Center (CAMC), interfacing with CAMC and Crete Ambulance to transport to patients to a heart catheterization lab.
- Training and certification of 15 paramedics in critical care paramedicine.
- Draft of plans and protocols for statewide STEMI Alert and Response System. STEMI is defined as **ST**-segment **E**levation (in an EKG waveform) **M**yocardial **I**nfarction (heart attack).
- Education of CAMC rural physicians on EMS capabilities of capturing and transmitting 12-lead EKG information to CAMC.
- Documenting the collaborative activities with the NDHHS Heart Disease and Stroke Prevention Program and other NDHHS Programs.
- Number and result of STEMI Alert and Response System activations.
- Number and type public education activities.
- Creation and implementation of the planning process to purchase additional 12-lead capable defibrillators.
- Summary of Dr. Rice's technical assistance.
- Information created and release by the NDHHS Office of Communication and Legislative Services.
- Written report reviewing project coordinator activities.

National Health Objective: 1-11 Emergency Medical Services

State Health Objective(s):

Between 10/2010 and 09/2015, reduce the mortality and morbidity from myocardial infarctions in Saline County by 5% (when compared to 2009 data).

State Health Objective Status

In Progress

State Health Objective Outcome

By design, our Impact Objectives are linked to the achievement of our State Health Objective; establishment of a response system, professional training and public education are linked to reduced deaths from STEMI heart attack. We plan to periodically monitor myocardial infarction occurring in Saline County to detect change in the numbers. No such data report was planned or carried out during this period, so extent of change is unknown.

The following progress was achieved as detailed later:

- Public Education on Cardiac Emergencies - Hospital Picnic with 525 people in attendance, Chamber of Commerce meeting with 15 community leaders in attendance, Crete Area Rotary Club . a "Polka Run" for cardiac awareness, Saline County Fair, Hispanic Social Services Center distribution of cardiac and stroke materials at the national Czech festival during their parades
- Dr. Amy Vertin created a rural STEMI Response system for Saline County which could also be utilized by other rural communities. The response system included visits to a neighboring community which has a operational STEMI response system, the development and implementation of training materials, protocol development for emergency medical services under her pervue, facilitated the establishment of and the logistics for the Saline County STEMI STEMI response system, provided education n to other providers through medical rounds, provided oversight on the education of 6 medical services on the awareness of and response to STEMI and Myocardial Infarctions.
- Designing and implementing a STEMI response system with 1 BLS provider. This includes the capture and transmission of the EKG from the field to Crete Area Medical Center (CAMC). While no STEMI's actually took place Wilber Rescue did capture and send 3 EKG's with the results indicating caridac issues for etiologies other than STEMI.
- Article in 2 local newspaper on the STEMI system and awareness of cardiac emergency signs and symptoms.
- Complete documentation including pictures of the trainings.

Reasons for Success or Barriers/Challenges to Success

(+)

- Interest of local health care providers, hospitals, business organizations, civic organizations and social services agencies in helping provide educational opportunities for the public.
- Availability and interest of local doctors who act as consultants and advisors in the design of the system.
- Existence or establishment of technical capacity to capture and transmit EKG information.
- Interest of local media in the topic of cardiac emergency signs and symptoms.

(-)

- The decision to fund this project occurred in November 2011 and the detailed budget and work plan were approved in December 2011 and fully launched in January 2012. The late start was a challenge to completing the intended work, including establishing tracking of project specific expenditures, assigning staff tasks, and completing a critical care paramedic course.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) establishing or strengthening working relationships between state staff and local professionals, technicians and others.

(-) monitoring progress and reporting toward the objectives and reporting to the partners for the project,

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Leveraged dollars through collaboration with the NDHHS Health Promotion Unit, Heart Disease and Stroke Program in providing quality educational materials.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Establish STEMI System Planning Council to develop STEMI protocols

Between 10/2011 and 09/2012, NDHHS EMS Program will establish 1 STEMI System Planning Council which will begin the process of designing a statewide STEMI response system including a rural standard of care in responding to, transporting and treating STEMI patients.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS EMS Program established 1 STEMI System Planning Council which will begin the process of designing a statewide STEMI response system including a rural standard of care in responding to, transporting and treating STEMI patients.

Reasons for Success or Barriers/Challenges to Success

(+)

- Collaboration among the NDHHS EMS Program physician medical director and the NDHHS EMS Advisory Board.

(-)

- Establishing processes and establishing or strengthening working relationships among staff, partners and others.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) seeking broad input in establishing statewide STEMI response protocols which could be implemented for both urban and rural emergency medical services.

(-) reliance on experienced staff, time and effort to communicate with others and build understanding of common purpose.

Activity 1:

Identify Planning Council Members

Between 10/2011 and 09/2012, recruit five rural physicians from across Nebraska.

Activity Status

Completed

Activity Outcome

- Physicians were recruited.
- Planning council was created and implemented with the members representing the NDHHS EMS

Program, and the Nebraska American Heart Association.

Reasons for Success or Barriers/Challenges to Success

- Common goals of lowering the effects of cardiac emergencies in Nebraska

Strategies to Achieve Success or Overcome Barriers/Challenges

- Implementing STEMI response systems in rural Nebraska
- Created and implemented model EMS protocols for STEMI responses
- Utilized information gathered in a rural study/survey of responses to STEMI by EMS and rural health care facilities to effect change in the treatment and access to higher levels of care for cardiac patients

Activity 2:

Planning Council Activity

Between 10/2011 and 09/2012, create a draft design of a rural STEMI response system.

Activity Status

Completed

Activity Outcome

Rural STEMI response system was drafted and implemented

Reasons for Success or Barriers/Challenges to Success

Collaboration between the DHHS EMS Program, DHHS EMS Program physician medical director, cardiologists across the state

Strategies to Achieve Success or Overcome Barriers/Challenges

Response systems have been created and implemented

Activity 3:

Model Protocols

Between 10/2011 and 09/2012, create proposed model protocols for rural STEMI response system.

Activity Status

Completed

Activity Outcome

Protocols were completed and implemented

Reasons for Success or Barriers/Challenges to Success

Collaboration between DHHS EMS Program Physician Medical Director and the DHHS EMS Advisory Board.

Use of data from the rural response to STEMI survey

Strategies to Achieve Success or Overcome Barriers/Challenges

Established and rolled out a set of STEMI response standards

Activity 4:

Utilization of a Facilitator

Between 10/2011 and 09/2012, utilize an internal NDHHS Facilitator to facilitate the STEMI System Planning Council.

Activity Status

Not Completed

Activity Outcome

The facilitator was not needed to accomplish the desired outcomes

Reasons for Success or Barriers/Challenges to Success

Goals were achieved without facilitation

Strategies to Achieve Success or Overcome Barriers/Challenges

Goals were achieved without facilitation

Activity 5:

STEMI Project Coordinator

Between 10/2011 and 09/2012, contract with a system design expert to assist in the design and implementation of a rural STEMI response system.

Activity Status

Not Completed

Activity Outcome

STEMI Project Coordinator was not implemented

Reasons for Success or Barriers/Challenges to Success

Costs of hiring a temporary project coordinator were prohibitive based on budgeted amount.

Strategies to Achieve Success or Overcome Barriers/Challenges

Achieved through use of EMS Program Staff and EMS Program Physician Medical Director.

Impact/Process Objective 2:

Perform local training

Between 10/2011 and 09/2012, the NDHHS EMS Program will provide Cardiac Emergency Awareness Training to 6 additional Ambulance Services in Southeast Nebraska.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the NDHHS EMS Program provided Cardiac Emergency Awareness Training to 9 additional Ambulance Services in Southeast Nebraska.

Reasons for Success or Barriers/Challenges to Success

Collaboration with Creighton University EMS Education Program in providing Critical Care Paramedic education to 11 paramedics from 6 emergency medical services.

Efforts made by Crete Area Medical Center in educating 6 rural emergency medical services in response to and care of cardiac emergencies

Strategies to Achieve Success or Overcome Barriers/Challenges

Creighton University adjusted their advertised class schedules including deadlines in order to these paramedics to complete their education.

Collaborated with Beatrice Fire and Rescue and two of their paramedics to train rural basic emergency medical responders on the response to and treatment of cardiac emergencies.

Activity 1:

Provide Cardiac Emergency Response Training

Between 10/2011 and 09/2012, the NDHHS EMS Program will provide education and training to **6** ambulance services on Cardiac Emergency Awareness, focusing on recognizing and identifying an arrhythmia called STEMI.

Activity Status

Completed

Activity Outcome

Ambulance services were provided information in the cardiac emergency awareness

One of these services went on to develop and implement the full rural STEMI/cardiac emergency response system with EKG capture and transmission.

Reasons for Success or Barriers/Challenges to Success

Education planning and efforts of Crete Area Medical Center Staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Utilized Hospital Staff, IT/Computer Staff from Bryan/LGH Hospital, Crete Area Medical Center and Wilber Rescue to create and implement a STEMI response system.

Utilized paramedics staff from Beatrice Fire and Rescue and Crete Area Medical Center to provide education and training.

Utilize Dr. Amy Vertin in training and educating the ambulance services for which she provides medical oversight.

Activity 2:

Critical Care Paramedics

Between 10/2011 and 09/2012, educate 15 paramedics (from a minimum of 7 Services) to become Critical Care Paramedics.

Activity Status

Not Completed

Activity Outcome

13 paramedics from 6 emergency medical services were educated in Critical Care Paramedicine.

2 of these paramedics serve both on an urban and rural emergency medical service.

1 paramedic from a rural service began the class but was unable to complete the course due to a family emergency.

Reasons for Success or Barriers/Challenges to Success

Success due to collaboration with Creighton University in providing unique scheduling opportunities for the paramedics to complete their coursework and testing.

Challenges not enough medics interested in completing the course as well as the family emergency encountered by one paramedic

Strategies to Achieve Success or Overcome Barriers/Challenges

Educational and testing opportunities - Creighton amended its training and testing schedule so the paramedics could start and complete their training and testing during the grant period.

Activity 3:

Data retrieval from e-NARSIS

Between 10/2011 and 09/2012, educate CAMC staff to retrieve patient care and EKG information from e-

NARSIS.

Activity Status

Completed

Activity Outcome

Hospital and Rural Clinic Medical Staff (MD's, RN's and Paramedics) covering the emergency department at Crete Area Medical Center were trained on the rural response system including the acquisition and transmission and recording of the EKG's in e-NARSIS.

Reasons for Success or Barriers/Challenges to Success

Efforts made by Dr. Amy Vertin to encourage and educate hospital and clinic staff

Strategies to Achieve Success or Overcome Barriers/Challenges

Dr. Vertin of CAMC utilized common times in the clinical staff schedules to conduct education and training on the STEMI response system.

Activity 4:

Attain EKG in the Field

Between 10/2011 and 09/2012, educate 2 rural Services to attain an EKG in the field and transmit the patient care file in e-NARSIS.

Activity Status

Completed

Activity Outcome

The interfacility transfer service based out of Crete Area Medical Center and the emergency service from Wilber were both educated on attaining and transmitting EKG data as well as uploading said data to the e-NARSIS patient care documentation system.

Reasons for Success or Barriers/Challenges to Success

Collaboration with the DHHS Physician Medical Director, Crete Area Medical Center IT and Clinical Staff, Bryan/LGH Hospital IT, ED and Cath lab clinical staffs.

Strategies to Achieve Success or Overcome Barriers/Challenges

Education, deployment and demonstration on the mechanics behind attainment, transmission and retrieval of EKG data.

Impact/Process Objective 3:

Create a STEMI Response System

Between 10/2011 and 09/2012, NDHHS EMS Program will develop 1 STEMI Response System which will assist CAMC in the creation and establishment of a STEMI Alert System.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS EMS Program developed 1 STEMI Response System which will assist CAMC in the creation and establishment of a STEMI Alert System.

Reasons for Success or Barriers/Challenges to Success

Openness and collaboration by the Crete Area Medical Center Administration and Staff to implementing cutting edge emergency medicine for Saline County and other rural health delivery systems.

Strategies to Achieve Success or Overcome Barriers/Challenges

Meetings, discussions, educations, planning and guidance provided the DHHS EMS Program Physician

Medical Director and Program Staff.

Activity 1:

Provide Technical Assistance and Expertise

Between 10/2011 and 09/2012, create and implement a rapid transport system for STEMI patients to BryanLGH East.

Activity Status

Completed

Activity Outcome

Creation and implementation of a STEMI response system for one rural service is complete. Education of the public on the awareness of and response to cardiac emergencies is on going.

Reasons for Success or Barriers/Challenges to Success

Openness and support provided by the Crete Area Medical Center and Dr. Vertin in implementing a major change in the delivery of emergency medical care in rural Nebraska.

Dr. Vertin of CAMC also created localized STEMI response protocols for Saline County.

Strategies to Achieve Success or Overcome Barriers/Challenges

The provision of support, education and technical assistance by the DHHS EMS Program Staff and Physician Medical Director.

The assistance provided by the DHHS Office of Health Promotion with educational materials and ideas. Training opportunities included the annual hospital picnic, the area Chamber of Commerce and Rotary Club, a specially designed "Polka Run" for cardiac awareness, 3 days of parades and information distribution at the annual Czech Days, the county fair, the hispanic social service center as well as an article in 2 local newspapers.

Printed materials as well as multimedia prestation were created for distribution

Activity 2:

Information Technology Personnel

Between 10/2011 and 09/2012, contract with an information technology consultant to identify and establish the means of transmitting EKG information from the field.

Activity Status

Completed

Activity Outcome

The IT staff of Crete area MEDical Center carried forward on the creation and implementation of the STEMI system. The DHHS contract was with Crete Area MEDical Center for IT time.

Reasons for Success or Barriers/Challenges to Success

Collaboration with Crete Area Medical Center Administration and Staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Education, design and implementation of the STEMI response system by DHHS Staff and physician medical director.

Activity 3:

Involve the Saline County Emergency Dispatchers

Between 10/2011 and 09/2012, involve the emergency dispatchers in the meetings pertaining to the STEMI Alert and Response System.

Activity Status

Completed

Activity Outcome

Saline County is served by two dispatch centers which handle 9-1-1 calls. These centers were made aware of the design and purposes of the STEMI response system.

Reasons for Success or Barriers/Challenges to Success

Willingness by dispatch center managers and the law enforcement community, which manages the 9-1-1 centers to become more aware of and accepting, of the new STEMI response system

Strategies to Achieve Success or Overcome Barriers/Challenges

The Southeast EMS Specialist for the DHHS EMS Program contacted the managers of both 9-1-1 centers.

Emphasis was placed on the fact that this system would not cause additional workload for the dispatchers.

Impact/Process Objective 4:**Provide general cardiac emergency information to Saline County residents**

Between 10/2011 and 09/2012, NDHHS EMS Program will conduct 5 informational meetings at public events and/or in local factories to increase awareness of cardiac emergencies among the general public.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS EMS Program conducted 7 informational meetings at public events and/or in local factories to increase awareness of cardiac emergencies among the general public.

Reasons for Success or Barriers/Challenges to Success

The DHHS EMS Program collaborated with the DHHS Office of Health Promotion and the Crete Area Medical Center to provide community education.

Strategies to Achieve Success or Overcome Barriers/Challenges

Train Crete Area Medical Center staff on the process of identifying training opportunities, educating the public and documenting the accomplishments.

Activity 1:**Public Education**

Between 10/2011 and 09/2012, provide Cardiac Emergency Awareness Training through the use of printed materials and subject matter experts at public events and in local factories. Materials will also be distributed at the local health department, the Saline County Fair and the local newspaper.

Activity Status

Completed

Activity Outcome

As cited earlier in this report hundreds of EMS Providers, clinical staff, families, factory workers, businesses and members of the public received educational materials in relation to cardiac emergencies from subject matter experts.

Reasons for Success or Barriers/Challenges to Success

Collaboration between the DHHS Emergency Medical Services Program and Office of Health Promotions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Education was provided at the Crete Area Medical Center picnic, Chamber of Commerce meetings,

emergency medical services, the local newspaper, at least one local factory, several public forums like parades, county fairs, churches and Czech Days in Wilber.

Activity 2:

Collaborate with NDHHS Cardiovascular Health Program

Between 10/2011 and 09/2012, collaborate in designing, implementing and conducting public education on cardiovascular health and emergencies.

Activity Status

Completed

Activity Outcome

Hundreds of people benefited from the multi-language materials supplied by the DHHS Office of Health Promotion.

Reasons for Success or Barriers/Challenges to Success

Collaboration between the DHHS EMS Program and Office of Health Promotion.

Strategies to Achieve Success or Overcome Barriers/Challenges

Provided printed materials which were specifically designed for the awareness of and response to cardiovascular emergencies.

Activity 3:

Collaborate with the NDHHS Communications and Legislative Services

Between 10/2011 and 09/2012, collaborate in creating public service announcements and/or articles in relation to the STEMI Alert and Response System. Special focus will be paid to the efforts of CAMC and local emergency services.

Activity Status

Not Completed

Activity Outcome

Not completed

Reasons for Success or Barriers/Challenges to Success

Timeframe for grant completion expired prior to collaboration between DHHS programs

Strategies to Achieve Success or Overcome Barriers/Challenges

Earlier discussions between DHHS programs

State Program Title: LABORATORY TESTING PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded *Laboratory Testing Program* is dedicated to limiting infection with two Sexually Transmitted Diseases (STDs), Chlamydia and Gonorrhea, as well as Human Immunodeficiency Virus (HIV) in Nebraska. This program provides free testing at selected sites for residents of Nebraska who are at risk of infection with HIV and STDs. Subsidizing the cost of laboratory testing makes testing accessible to all, increases awareness of disease status and ultimately helps prevent the spread of infection.

The Laboratory Testing Program helps to accomplish the goals of two statewide disease control programs:

- NDHHS Sexually Transmitted Disease Program aims to control and prevent the transmission of STDs and reduce the disease burden and cost of treating these infections. By identifying cases among high risk populations at public clinics, the overall rate of infection will be reduced.
- NDHHS HIV Prevention Program aims to lower HIV infection, illness and death rates and create an environment of leadership, partnership and advocacy which fosters HIV prevention and the provision of services. By identifying cases among high risk populations, providing counseling and testing sites, the overall rate of infection will be reduced.

Health Priorities:

STDs:

- Chlamydia is the most common STD in Nebraska, accounting for 5,553 cases in 2009.
 - Gonorrhea is the second most common STD in Nebraska, accounting for 1,384 cases in 2009.
- HIV/AIDS:** During 2009, a total of 146 persons were diagnosed with HIV or Acquired Immunodeficiency Syndrome (AIDS) in Nebraska, as well as 1,673 persons were living with HIV/AIDS.

Primary Strategic Partnerships:

STDs: STD clinics, family planning facilities, correctional centers, student health centers, Indian Health Services, substance abuse centers and other medical facilities seeing persons with high-risk behaviors. Contractor: Nebraska Public Health Laboratory at the University Nebraska Medical Center (UNMC).

HIV/AIDS: Local health departments, Title X Family Planning Clinics, public health centers, correctional facilities, community-based organizations which provide HIV counseling and testing services across the state of Nebraska. Contractors: Nebraska Public Health Laboratory at UNMC, Heritage Laboratories in Kansas, Center for Disease Detection in Texas.

Evaluation Methodology:

Progress is tracked through the following means:

STDs: Monitoring performance of laboratory contractor through reports and billing, calculation of rates using U.S. Census figures for comparison, calculation of cost benefit using CDC formula.

HIV/AIDS: Monitoring performance of laboratory contractors through lab testing documents and billing, and clinic patient service forms, generating data using Counseling and Testing (CTS) and Program Evaluation and Monitoring System (PEMS).

National Health Objective: 13-1 HIV-AIDS

State Health Objective(s):

Between 10/2010 and 09/2015, **Increase the percentage of high-risk persons tested for HIV/AIDS to at least 70% of total tests performed.**

State Health Objective Status

Exceeded

State Health Objective Outcome

During the PHHS Block Grant year the Nebraska HIV Testing program identified 7,220 tests where individuals identified behavior that put them at high risk for acquiring HIV. The 7,220 tests was out 9,254 total tests or 78% were considered high risk.

Reasons for Success or Barriers/Challenges to Success

We were able to conduct more testing due to increased testing at agencies and events that increased awareness and tested those disproportionately affected by HIV/AIDS.

Strategies to Achieve Success or Overcome Barriers/Challenges

In 2011 and 2012 we were able to train over 60 new HIV counselors at test sites. We also expanded testing to a Federally Qualified Health Center, and district health department. In 2012 a new testing initiative was started in Omaha to target populations disproportionately affected by HIV through a testing and move to HIV care for new positives. The hope is that by creating a one-stop shop that provides Testing, Partner Services, and HIV Case Management we will be able to expedite new positives linkage to care services.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block Grant dollars are leveraged with the support of the HIV Prevention Program. Block grant funds help to support HIV testing efforts in public health test sites across Nebraska.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 2 – Diagnose and Investigate****Impact/Process Objective 1:****HIV Lab Testing**

Between 10/2011 and 09/2012, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits, will conduct 6,000 tests, providing anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the HIV Program, through contracting laboratory services and pre-purchase of rapid test kits, conducted 9254 tests, providing anonymous and confidential HIV testing at no cost to the client in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success

We were able to conduct more testing due to increased testing at agencies. And events that increased awareness and tested those disproportionately affected by HIV/AIDS.

Strategies to Achieve Success or Overcome Barriers/Challenges

In 2011 and 2012 we were able to train over 60 new HIV counselors at test sites. We also expanded testing to a Federally Qualified Health Center, and district health department. In 2012 a new testing initiative was started in Omaha to target populations disproportionately affected by HIV through a testing and move to HIV care for new positives. The hope is that by creating a one-stop shop that provides Testing, Partner Services, and HIV Case Management we will be able to expedite new positives linkage to care

services.

Activity 1:

HIV Samples Tested

Between 10/2011 and 09/2012, contract for laboratory testing on samples. Number of tests to be completed using PHHSBG funds:

- 1,000 HIV EIA tests at \$15.00 per test
- 40 HIV Western Block tests at \$94 per test
- 3270 Rapid Tests at \$12 per test

Activity Status

Completed

Activity Outcome

During the Grant Year we were able to complete in total:

- 2,179 HIV EIA tests
- 180 HIV Western Block tests
- 6,914 Rapid Tests

Reasons for Success or Barriers/Challenges to Success

We were able to conduct more testing due to increased testing at agencies. And events that increased awareness and tested those disproportionately affected by HIV/AIDS.

Strategies to Achieve Success or Overcome Barriers/Challenges

In 2011 and 2012 we were able to train over 60 new HIV counselors at test sites. We also expanded testing to a Federally Qualified Health Center, and district health department. In 2012 a new testing initiative was started in Omaha to target populations disproportionately affected by HIV through a testing and move to HIV care for new positives. The hope is that by creating a one-stop shop that provides Testing, Partner Services, and HIV Case Management we will be able to expedite new positives linkage to care services.

National Health Objective: 25-1 Chlamydia

State Health Objective(s):

Between 10/2011 and 09/2015,

A. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending Family Planning clinics to no more than 6.0 percent positive.

B. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending STD clinics to no more than 14.0 percent positive.

C. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult males, aged 15 to 34 years, attending STD clinics to no more than 17.4 percent positive.

State Health Objective Status

In Progress

State Health Objective Outcome

Target and baseline: Nebraska

Objective	Reduction in <i>Chlamydia trachomatis</i> infections	2008 Baseline	2013 Target
		Percent	
25-1A.	Females aged 15 to 34 years attending family planning clinics	6.0	6.0
25-1B.	Females aged 15 to 34 years attending STD clinics	16.9	14.0
25-1C.	Males aged 15 to 34 years attending STD clinics	18.4	17.4

Reasons for Success or Barriers/Challenges to Success

CDC has encouraged more focus on the urban areas with disparate and underserved populations. The offers testing through Nebraska and continues to encourage testing sites to promote there screening and testing event to reach desired populations.

Strategies to Achieve Success or Overcome Barriers/Challenges

This last year the STD program were given a refresher course in what the program has to offer and has been reminded what we offer and how it can be promoted. The STD program is adding STD resources to it web page in the hopes that sites use these tools to reach desired populations

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The STD program utilized the block grant to secure testing/screening for disparate and underserved populations. Without this funding, persons in low income areas with little to no medical resources would not be afforded to opportunity to promote solid reproductive health.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 2 – Diagnose and Investigate****Impact/Process Objective 1:**
Chlamydia/Gonorrhea Testing

Between 10/2011 and 09/2012, the STD Program, through contracting laboratory services, will conduct **3,500** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the STD Program, through contracting laboratory services, conducted **3520** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success

The STD program has expanded screening and testing to support those with no money or no insurance to cover services. Douglas County has expanded screening and outreach efforts and participated in research that has clearly identified the need of testing in these areas.

Strategies to Achieve Success or Overcome Barriers/Challenges

Thanks to Block Grant support there were no challenges or barriers.

Activity 1:

Chlamydia Samples Tested

Between 10/2011 and 09/2012, provide testing on samples from 131 provider sites. Numbers of tests to be completed:

- Chlamydia/Gonorrhea Gen Probe Amplified Tests= 16,465
- Chlamydia/Gonorrhea Gen Probe Urine Tests= 11,056

Activity Status

Completed

Activity Outcome

STD screened over 27,521

Reasons for Success or Barriers/Challenges to Success

The STD program utilized the block grant to secure testing/screening for disparate and underserved populations. Without this funding, persons in low income areas with little to no medical resources would not be afforded to opportunity to promote solid reproductive health.

The STD program has expanded screening and testing to support those with no money or no insurance to cover services. Douglas County has expanded screening and outreach efforts and participated in research that has clearly identified the need of testing in these areas.

Strategies to Achieve Success or Overcome Barriers/Challenges

Thanks to Block Grant support there were no challenges or barriers

National Health Objective: 25-2 Gonorrhea

State Health Objective(s):

Between 10/2011 and 09/2015,

A. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending Family Planning clinics to no more than 0.4 percent positive.

B. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending STD clinics to no more than 5.6 percent positive.

C. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult males, aged 15 to 34 years, attending STD clinics to no more than 7.5 percent positive.

State Health Objective Status

In Progress

State Health Objective Outcome

Target and baseline: Nebraska

Objective	Reduction in <i>Chlamydia trachomatis</i> infections	2008 Baseline	2013 Target
		Percent	
25-1A.	Females aged 15 to 34 years attending family planning clinics	6.0	6.0

25-1B.	Females aged 15 to 34 years attending STD clinics	16.9	14.0
25-1C.	Males aged 15 to 34 years attending STD clinics	18.4	17.4

Reasons for Success or Barriers/Challenges to Success

CDC has encouraged more focus on the urban areas with disparate and underserved populations. The offers testing through Nebraska and continues to encourage testing sites to promote there screening and testing event to reach desired populations.

Strategies to Achieve Success or Overcome Barriers/Challenges

This last year the STD program were given a refresher course in what the program has to offer and has been reminded what we offer and how it can be promoted. The STD program is adding STD resources to it web page in the hopes that sites use these tools to reach desired populations.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The STD program utilized the block grant to secure testing/screening for disparate and underserved populations. Without this funding, persons in low income areas with little to no medical resources would not be afforded to opportunity to promote solid reproductive health.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Chlamydia/Gonorrhea Testing

Between 10/2011 and 09/2012, the STD Program, through contracting laboratory services, will conduct **3,500** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the STD Program, through contracting laboratory services, conducted **3520** tests for STDs at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection transmission.

Reasons for Success or Barriers/Challenges to Success

The STD program has expanded screening and testing to support those with no money or no insurance to cover services. Douglas County has expanded screening and outreach efforts and participated in research that has clearly identified the need of testing in these areas.

Strategies to Achieve Success or Overcome Barriers/Challenges

Thanks to Block Grant support there were no challenges or barriers

Activity 1:

Gonorrhea Samples Tested

Between 10/2011 and 09/2012, Contract with laboratory to provide testing on samples from 131 provider

sites. Numbers of tests to be completed:

- Chlamydia/Gonorrhea Gen Probe Amplified Tests= 16,465
- Chlamydia/Gonorrhea Gen Probe Tests= 11,056
- GC cultures= 1,368

Activity Status

Completed

Activity Outcome

The STD program screening 27,521.

Reasons for Success or Barriers/Challenges to Success

The STD program utilized the block grant to secure testing/screening for disparate and underserved populations. Without this funding, persons in low income areas with little to no medical resources would not be afforded to opportunity to promote solid reproductive health.

The STD program has expanded screening and testing to support those with no money or no insurance to cover services. Douglas County has expanded screening and outreach efforts and participated in research that has clearly identified the need of testing in these areas

Strategies to Achieve Success or Overcome Barriers/Challenges

Thanks to Block Grant support there were no challenges or barriers.

State Program Title: LIVING WELL PROGRAM

State Program Strategy:

The PHHS Block Grant-funded *Living Well* Program is dedicated to help people with ongoing health conditions take control of their health. This program focuses on people living with any chronic, ongoing health condition.

National Health Objective: 7-10 Community Health Promotion Programs

State Health Objective(s):

Between 04/2012 and 09/2015, 6 Nebraska communities will develop a formalized system to coordinate, deliver, and sustain Living Well programs locally.

State Health Objective Status

In Progress

State Health Objective Outcome

We continue to work with multiple communities across Nebraska. At this time, we are working closely with two communities, Lincoln and Kearney, to develop a standardized system for Living Well Program referral. We are working in conjunction with the Office of Community Health and Performance Management on a performance-based quality improvement initiative with these two communities. This will give us an opportunity to monitor the referral system development step by step and determine what is working and what needs adjusted.

Reasons for Success or Barriers/Challenges to Success

Being able to participate in the quality improvement project with the Office of Community Health and Performance Management will be very helpful for developing a referral system for the Living Well program. We will be able to take the lessons learned with our two pilot communities and share them with other communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The major challenge will be getting the right partners involved in each of the communities and identifying a true Living Well champion in each community. We should be able to use the lessons learned with our two pilot communities as we approach other communities about expanding and developing a referral system for Living Well.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHS Block Grant dollars were used to support the Living Well Coordinator salary. This position is vital to the continued success and growth of the program. This person is primarily responsible for all Living Well activities.

Funds were also used to purchase Living Well materials for the Leaders and participants. These materials enable Leaders to provide the workshops at no cost to participants.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Living Well Delivery

Between 04/2012 and 09/2012, The Living Well Program will provide Living Well workshops statewide to **100** individuals with ongoing health conditions.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 04/2012 and 09/2012, The Living Well Program provided Living Well workshops statewide to **201** individuals with ongoing health conditions.

Reasons for Success or Barriers/Challenges to Success

Leaders schedule and promote their own workshops. I believe the success of this activity is due to the commitment of the Living Well Leaders. Living Well is now in its fourth year and as the workshops are offered more we are able to create a word of mouth referral system. I also believe that this is another factor for the success the Living Well workshop is having.

Strategies to Achieve Success or Overcome Barriers/Challenges

We will continue to provide our Leaders with technical assistance, support, and resources needed to assure that their programs are successful.

Activity 1:

Living Well Leader Support and Technical Assistance

Between 04/2012 and 09/2012, Living Well Coordinator will:

- Provide technical assistance to Master Trainers and Leaders including
 - Workshop scheduling
 - Distribution of workshop materials to Leaders
 - Fidelity monitoring of Leaders
 - Maintaining open and regular communication with Leaders
- Maintain database of workshops and Leader status
- Collect workshop forms from Leaders
- Coordinate data entry of workshop forms into Administration on Aging database
- Continue to identify and develop partners for program expansion and sustainability

Provide a Leader Update training to all current Leaders when Stanford approves and releases new curriculum.

Work with contractor to update and maintain the Living Well website.

Activity Status

Completed

Activity Outcome

The Living Well (LW) Program Manager and LW Coordinator provided ongoing technical assistance and support to Leaders and Master Trainers during the reporting period. Both maintained regular communication with Leaders through email and phone calls.

The LW Coordinator collected all workshop forms and worked with the program Health Surveillance Specialist to enter the data into the Administration on Aging database.

The LW Coordinator continues to work with program partners to offer workshops and expand the LW program. The LW Coordinator has worked very closely with the Nebraska Department of Corrections to begin offering LW workshops within the state corrections facilities starting in January 2013. She also worked very closely with the Nebraska Department of Health and Human Services Office of Health Disparities and Health Equity to try and salvage the Spanish LW Program. This program has been struggling since its inception.

The Master Trainers have been scheduled for the curriculum update provided by Stanford. Master Trainers will be updated in October 2012.

The Living Well Coordinator also worked with the website contractor to assure all current information and program forms were on the program website.

Reasons for Success or Barriers/Challenges to Success

Success with this activity is largely due to the organizational skills and work ethic of the Living Well Coordinator, Amy Behrhorst. There are many aspects to this program and she keeps them all running smoothly.

The only barrier we encountered was getting the Master Trainers updated on the new Stanford curriculum. Stanford released the curriculum later than was anticipated and it was difficult getting the Master Trainers into an open update workshop. We had originally hoped to have the Master Trainers updated by the end of August but weren't able to make that happen until October.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Living Well success can be attributed to good communication with our Leaders, Master Trainers, and partners. The LW program has many components and layers to it which can make it very complicated. Good communication is essential to having all the different players on the same page in order to move the program forward.

Activity 2:

Living Well Workshops

Between 04/2012 and 09/2012, Conduct approximately 10 Living Well workshops in Nebraska communities.

Activity Status

Completed

Activity Outcome

During the reporting period 17 Living Well workshops were held throughout the state.

Reasons for Success or Barriers/Challenges to Success

The Living Well Leaders were successful in scheduling workshops, recruiting participants, and returning all required paperwork.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Leader we currently have a dedicated to the Living Well program. This shows through the number of workshops held and completed during this time period. Without dedicated Leaders this program would not be able to be successful.

State Program Title: MINORITY HEALTH PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded *Minority Health Program* (operated through the Office of Health Disparities and Health Equity) is dedicated to reducing disparities in health status among racial ethnic minorities residing in Nebraska.

Health Priorities:

- Identify disparities among racial ethnic minorities.
- Establish and maintain behavioral risk surveillance system for sub-minority groups and refugees.
- Improve access to culturally competent and linguistically appropriate health services for racial ethnic minorities.
- Improve data collection strategies for racial ethnic and other vulnerable populations.
- Expand community-based health promotion and disease prevention outreach efforts to the aforementioned populations.

Specifically, the PHHS Block Grant-funded activities help assure that community health interventions and health promotion services are culturally tailored and linguistically appropriate in order to reduce health disparities.

Primary Strategic Partners: Local health departments, health care providers, community- and faith-based organizations, Native American tribes, the Nebraska Minority Public Health Association, the Statewide Minority Health Council, Public Health Association of Nebraska, Minority Health Initiative grantees, and University of Nebraska Medical Center (UNMC).

Evaluation Methodology: The Minority Health Program includes outcome and process evaluation methods:

- Pre- and post-tests to measure knowledge increase at education events, including infant mortality community meetings, Somali community education, and Unnatural Causes education.
- Copies of all publications printed: Nebraska Health Status of Racial and Ethnic Minorities report, report cards, and socio-economic report cards; and public health policy briefs on minority and disparity health issues.
- Invitation and attendance records.

National Health Objective: 7-11 Culturally Appropriate Community Health Promotion Programs

State Health Objective(s):

Between 10/2011 and 09/2012, identify current health disparities and health needs among racial ethnic minorities, Native Americans, refugees, and newly-arrived immigrants, as well as other vulnerable, at-risk populations in Nebraska. Based on identified disparities and needs, work to equalize health outcomes and reduce health disparities through education to these populations and through education of health care providers who serve these populations.

State Health Objective Status

Met

State Health Objective Outcome

Minority population, risk behavior and socio-economic data was collected and analyzed. Reports were prepared for racial and ethnic groups at the state, congressional district and county level. The foundation of a tribal health surveillance system began by surveying three American Indian tribes in 22 health and risk categories. Two modules were added to the BRFSS to collect demographic and reaction to race information. Community meetings collected information on protective factors by culture for

pregnant women, childbirth and newborns. Outreach with Limited English Proficient and Sudanese refugee populations increased the understanding of preventive health and enhanced community relationships. Lay Health Ambassadors participated to improve and increase enrollment in the Every Woman Matters program. A curriculum was developed to help the Somali community address their needs. The Ponca Tribe participated in a pilot study using telehealth to address behavioral health issues.

Reasons for Success or Barriers/Challenges to Success

Partnerships with the University of Nebraska Medical Center, Centers for Reducing Health Disparities, College of Public Health, the Northern Plains Tribal Epidemiology Center, and Nebraska DHHS Vital Statistics and Data Use Group.

Using grassroots leadership to recruit participation in English and the participants first language increases both the participation and knowledge gained.

Health data is not available for many sub-minority groups.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OHDHE funded additional modules for the Behavior Risk Factor surveys.

Continue to track the CDC website and if urgent, make regional contacts for information.

Training Lay Health Ambassadors (peer-to-peer educators) in preventive health issues improves the effect of outreach.

Materials provided to Limited English Proficient, refugee and immigrant populations need to be at a culturally appropriate reading and comprehension level.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Projects initiated with PHHS funds sometimes also included elements funded via other sources such as Maternal Child Health or the State Partnership Grant Program to Improve Minority Health. For example, some of the data reports funded by PHHS dollars were used to further partnership efforts with American Indian tribes. The project on protective factors in infant mortality among minority populations was supported by PHHS and the State Partnership Grant program. The Every Woman Matters program benefitted through increased outreach and enrollments.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Data Collection and Analysis

Between 10/2011 and 09/2012, the Minority Health Program will analyze **4** data sources (Behavioral Risk Factor Surveillance System, American Community Survey, Nebraska Vital Statistics data, and 2010 Census data) to identify health disparities and socio-economic disparities among various racial ethnic groups throughout Nebraska.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Minority Health Program analyzed **4** data sources (Behavioral Risk Factor Surveillance System, American Community Survey, Nebraska Vital Statistics data, and 2010

Census data) to identify health disparities and socio-economic disparities among various racial ethnic groups throughout Nebraska.

Reasons for Success or Barriers/Challenges to Success

The OHDHE presented minority reports, illustrating health status facts and socio-economic status on mortality, chronic diseases, cancers, stroke, and diabetes. Specific information was compiled for the Hispanic and African American populations, including new information called 'Reaction to Race.'

Census data was summarized and analyzed. The OHDHE started American Indian workgroups to address rural health issues in Nebraska. Finally, OHDHE analyzed health outcomes for Limited English Proficient populations in order to understand the mental and emotional effects of that group.

Health data is unavailable for many sub-minority groups. For instance, we have health information for the Asian community but not for Koreans, Japanese, or Chinese, specifically. Because population numbers are so small, we are not able to report the data. Using minority data weighting methods is always a big challenge for the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

This office funds additional modules for Behavior Risk Factor Surveys in order to collect racial and ethnic demographic that would otherwise not be collected.

We partner with the University of Nebraska Medical Center and Nebraska DHHS data use group which includes several DHHS offices, stakeholders to improve the Behavioral Risk Factor Surveillance System (BRFSS) Minority Data collection methods and weighting methods.

Activity 1:

Update the 2003 Health Status of Racial Ethnic Minorities Report

Between 10/2011 and 09/2012, update the health disparities report for Nebraska. This report provides a comprehensive look at many health related issues and concerns and the disparate outcomes experienced by some of Nebraska's historically medically underserved minority residents. Regular updates ensure the report remains current and continues to be a useful resource for policymakers, service providers and those interested in minority health issues.

Activity Status

Completed

Activity Outcome

Based on 2010 census, the OHDHE collaborated with the Nebraska DHHS Operations Division, and the Office of Health Statistics to update a disparity fact book (demographic section). This fact book will be released on our website in February 2013. This report presents health status facts coupled with socio-economic status information on minority populations in Nebraska. It is formatted to provide a more user-friendly summary of data providing capstone highlights of selected minority health indicators and issues. The statistical information will span several different health issues including mortality, chronic diseases, cancers, HIV and sexually transmitted diseases, heart disease, stroke, cancer, diabetes, and the infectious diseases. All issues and health indicators are vital as they provide benchmarks upon which the health status and disparities in Nebraska are gauged.

Nebraska continues to become more diverse. The overall population was 1,826,341 in 2010. Of that number, minorities represent 17.9% of the total population. Hispanics were the largest minority group at 9.2% of the state population, and African Americans were the second-largest minority group at 4%, followed by Asians, American Indians/Alaska Natives, and Native Hawaiian or other Pacific Islanders. Hispanics also accounted for 51% of the total minority population (326,588), while African Americans, Asians, and American Indians, Alaska Natives accounted for 25%, 10%, and 5.6%, respectively. The minority population in Nebraska has been increasing more rapidly than the non-Hispanic (NH) White population. According to the U.S. Census Bureau, between 2000 and 2010, Nebraska's racial and ethnic minority population grew from 216,769 to 326,588, an increase of 50.7%, while the non-Hispanic White population had only a 0.4% increase.

We are also working on a Nebraska Minority Health Status Report. The preliminary report is complete and is in the final states of formatting and editing. This report shows basic health facts concerning the two 5-year data sets of 2001-2005 & 2006-2010, focusing on areas of mortality, chronic diseases, HIV, STDs, and other health risk factors.

Reasons for Success or Barriers/Challenges to Success

Health data is unavailable for many sub-minority groups. For instance, we have health information for the Asian community but not for Koreans, Japanese, or Chinese, specifically. Because population numbers are so small, we are not able to report the data.

Strategies to Achieve Success or Overcome Barriers/Challenges

This office funds additional modules for Behavior Risk Factor Surveys in order to collect racial and ethnic demographic that would otherwise not be collected.

Activity 2:

Health Status Report for Nebraska's Hispanics/Latinos

Between 10/2011 and 09/2012, identify the health status for Nebraska's Hispanic/Latinos and develop a health status report. This report will present health status facts coupled with socio-economic status information on the Hispanic/Latino population in Nebraska and will show the contrast between this minority population and that of the Non-Hispanic/Latino White majority population.

Activity Status

Completed

Activity Outcome

National Hispanic Heritage Month is from September 15 to October 15 in the United States. A Hispanic profile report (draft) was completed at the end of August 2012 and will be released during National Hispanic Heritage Month in 2013. Some of the key findings from this report are listed below.

- In Nebraska, Latinos are one of the youngest population groups. The median age of Latinos is 22.8 years old, compared to 28.3 years for African Americans and 39.8 years for non-Hispanic Whites. Among adults 25 years of age or older, about half (50.4%) of Latinos had less than a high school education, that is a staggering five times more than non-Hispanic Whites (8.6%).
- Latinos experience the greatest gender imbalance of all racial groups with a higher male to female ratio than non-Hispanic Whites and African Americans. One cause for this gender imbalance may be the type of jobs, such as meatpacking, construction, and service jobs that draw Latinos to Nebraska. These male-dominated industries attract young, single males and concentrate them in low-skill, low wage-jobs where the risks for accidents and injuries are high.
- Unemployment rates of Nebraska's Latino population (11.3%) are more than twice as high as non-Hispanic Whites (5.4%).
- The median annual household income among Latinos in 2009 was \$35,962 compared to \$50,937 for non-Hispanic Whites, lending to a poverty rate that is three times higher for Hispanics (27%) than for non-Hispanic Whites (9%). Most notable is the poverty rate among children under age 18.

Reasons for Success or Barriers/Challenges to Success

The OHDHE collaborated with the University of Nebraska Medical Center, College of Public Health, Center for Reducing Health Disparities, and the Office of Latino and Latin American students at the University of Nebraska at Omaha.

Strategies to Achieve Success or Overcome Barriers/Challenges

In order to have more Hispanic information, the OHDHE collaborated with the University of Nebraska Medical Center, College of Public Health, Center for Reducing Health Disparities, and the Office of Latino and Latin American students at the University of Nebraska at Omaha to collect and report Nebraska Latino health and socio-economic data.

Activity 3:

Health Status Report for African Americans

Between 10/2011 and 09/2012, identify the health status for Nebraska's African Americans and develop a health status report. This report will present health status facts coupled with socio-economic status information on the African American population in Nebraska and will show the contrast between this minority population and that of the Non-Hispanic/Latino White majority population.

Activity Status

Completed

Activity Outcome

In order to present more concise information on Nebraska's African American population the OHDHE created a report that summarized the health status facts and socio-economic information of the population. The preliminary report is complete and is in the final stages of formatting and editing.

- In Nebraska, African Americans are almost 10 years younger than non-Hispanic Whites with a median age of 27.9, compared to 37.7.
- African Americans see the highest 'never married' rates at 47.7, compared to non-Hispanic Whites at 26.2.

Ranking the 2nd highest in divorce rates, African Americans (13.6) compare to American Indians at 14.3 and non-Hispanic White at 9.7 and Asian at the lowest, 4.3.

- African Americans have seen 83.5% of their 25 and older population graduate from high school, compared to 90.9% of non-Hispanic Whites and only 50.3% of Hispanic/Latinos. 17% of African Americans 25 and older have a bachelor's degree or higher, compared to 28% of non-Hispanic Whites and 51% of the Asian community.
- In terms of occupation, African Americans enter professions across the board; 23% work in management, 27.5% work in service occupations, and 28% work in sales.

In a series of questions called 'Reactions to Race' populations were asked various questions about their feelings and thoughts about their race/ethnicity.

- While mostly African Americans (33.7%) in Nebraska said they never think about their race, 26% said they constantly think about it. This is compared to non-Hispanic Whites (65.4%) who never think about their race and 1.4% who constantly do.
- When asked about treatment at work 26% of Nebraska African Americans believe they are treated worse, compared to Non-Hispanic Whites who overwhelmingly feel they are treated the same at work compared to other races (91.3), as do Asians (90.1).
- African Americans (21.4%) saw the most emotional upset as a group, when asked if they ever experienced emotional upset as a result of treatment based on their race, like anger, sadness, or frustration; this is compared to Whites (2.4%).

Reasons for Success or Barriers/Challenges to Success

Not at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not at this time.

Activity 4:

Summary of Census 2010 Data

Between 10/2011 and 09/2012, continue analyzing the United States Census 2010 data to identify the changes in race, ethnicity and total population within Nebraska. Create minority population maps by county and other maps. Census Bureau data will be used to identify major changes in population distribution and growth among minority groups throughout Nebraska.

Activity Status

Not Completed

Activity Outcome

We continue to summarize and analyze newly released Nebraska minority population census data. This data has been analyzed to determine the growth or loss of persons who identify as a racial or ethnic minority. We also identified the minority population by county and congressional district. See Activity 5 for a sample of geo-mapping projects. Several Nebraska minority population maps have been created. The racial ethnic minority population in Nebraska has increased by 52.5% since 2000. The white, non-Hispanic population only increased 0.2% during the same time period. In 2000, there were 30 counties in Nebraska with a minority population of 5% or greater, but in 2010, there were 45 counties with a minority population of 5% or more.

Reasons for Success or Barriers/Challenges to Success

A lot of risk data is still not available.

Strategies to Achieve Success or Overcome Barriers/Challenges

We can continue to track the CDC website and if urgent, contact the region CDC website directly to gain appropriate information.

Activity 5:**Establish American Indian Surveillance Data Work Groups and Develop a Health Status Report**

Between 10/2011 and 09/2012, establish surveillance data work groups and identify the health status for Nebraska's American Indians and develop a health status report. This report will present health status facts coupled with socio-economic status information on the American Indian population in Nebraska and will show the contrast between this minority population and that of Non-Hispanic White majority population.

Activity Status

Completed

Activity Outcome

In July 2012, the OHDHE collaborated with the Ponca Tribe, Omaha Tribe, and Winnebago Tribe to start pilot surveys to collect risk factor data for Native American populations. The target population of this study is enrolled tribal members who are at least 18 years of age. These survey include 22 sections: Health Status, Healthy Days, Health Care Access, Sleep, Exercise, Diabetes, Oral Health, Cardiovascular Disease Prevalence, Asthma, Disability, Tobacco Use, Demographics, Alcohol Consumption, Immunization, Falls, Seatbelt Use, Drinking and Driving, Women's Health, Prostate Cancer Screening, Colorectal Cancer Screening, HIV/AIDS, and Emotional Support and Life Satisfaction.

This study started in July and the data collection was completed in August 2012. In this pilot study, Omaha Tribe of Nebraska completed 400 valid surveys, Winnebago Tribe of Nebraska completed 314 valid surveys, and Ponca Tribe of Nebraska completed 301 valid surveys. We cleaned and recoded tribe BRFSS surveys by adding 9 calculated variables, including binge drinking, overweight and obesity, and depression.

This report presents health status facts coupled with socioeconomic status information on the American Indians and Alaska Native (AI/AN) population in Nebraska, and will show the contrast between this minority population and that of Non-Hispanic/Latino White (Whites) majority population. The statistical information contained here will span several different health issues including mortality, chronic diseases, cancers, HIV and sexually transmitted diseases, heart disease, stroke, cancer, diabetes, and the infectious diseases.

- The American Indian Report report was finalized the during this period. According to the U.S. Census, there were 18,427 American Indians in Nebraska in 2010. This number represented approximately 1.0% of the total Nebraska population. The majority of the state's American Indian population lived in the counties of Thurston (3,963), Douglas (3,731), and Lancaster (2,140).

- Approximately 24% of American Indians ages 25 and older had less than a high school education, and only 8.8% had a Bachelor's Degree or more education.
The median annual income of American Indian households from 2006 to 2010 was about \$26,932; this is nearly \$24,620 less than the median income of White households, which was roughly \$51,552.
- During the years 2006-2010, American Indian men were 1.2 times as likely to die from all death causes as White men. American Indian women were over 1.4 times as likely to die from all death causes as White women. American Indians were 342% more likely to die from diabetes mellitus compared to Whites, and 161% more likely to die from diabetes-related diseases as compared to Whites.
- In comparing the death rate due to pneumonia, it was 83% more likely for American Indian males and 128% more likely for American Indian females to die when contrasted to the White population.

Reasons for Success or Barriers/Challenges to Success

We will collaborate with the DHHS Office of Statistics on a data weighing method and start to analyze data in February 2013. We will analyze the data for each participating Tribe, engage Tribal leaders in results from data analysis, provide an individual preliminary report to each Tribe, and work with Tribal leaders to leverage funding addressing Tribe-specific priorities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OHDHE collaborated with the NDHHS Operations Division, the Office of Health Statistics, and the Northern Plains Tribal Epidemiology Center (Nebraska office) to create a health status report for the Nebraska American Indian population based on the most recent statistical information available.

Activity 6:

Surveillance Data Collection

Between 10/2011 and 09/2012, survey minority populations using the Behavioral Risk Factor Surveillance System and Minority BRFSS, adding race, demographic and Reaction to Race questions to the survey completed by UNMC.

Activity Status

Completed

Activity Outcome

The OHDHE continues to collaborate with the University of Nebraska Medical Center to survey Nebraska's minority populations using the Behavioral Risk Factor Surveillance System (BRFSS) by oversampling minority populations and adding race (including sub-racial groups) and demographic questions to the survey. Surveys are being completed monthly and will continue throughout the year. By the end of November, 11,000 surveys were completed. In 2012, OHDHE paid for two modules: Reaction to Race and State-added race/ethnicity questions. The OHDHE has also discussed with UNMC and the Nebraska DHHS Office of Statistics to continue with the state-added minority questions and survey paths for which we will pay in 2013. Due to the budget, OHDHE will only add one module for next year, the race/ethnicity questions.

Reasons for Success or Barriers/Challenges to Success

Not at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not at this time.

Activity 7:

Analyze Reaction to Race Modules of BRFSS

Between 10/2011 and 09/2012, analyze 2008-2010 data to identify differences between minorities and Non-Hispanic Whites when receiving health care.

Activity Status

Completed

Activity Outcome

The BRFSS module Reaction to Race asked racial and ethnic groups, “How do you think you are treated at the doctor’s office compared to other races?” 8% of African Americans feel like they are treated worse at the doctor’s office compared to other races, like non-Hispanic Whites (1.5%) or Asians (0%). More American Indians (9.8%) feel like they are treated worse at the doctor’s office than any other minority group.

Specifically, African American Males (10.8%) feel like they are treated worse at the physician’s office compared to other races, more so than other races. Only 1.8% of non-Hispanic Whites feel like they are treated worse, while 7.6% of American Indian’s feel like they are treated worse. 2.2% of Hispanic males feel they are treated worse compared to other races. On the other hand, more American Indian women feel they experience worse treatment compared to other races, more than other races at 11.8%. This is compared to 1.3% of non-Hispanic White females, 5.3% of African American females, or 3.1% of Asian females.

Reasons for Success or Barriers/Challenges to Success

The OHDHE was able to obtain this information because we paid for the module to be included in the BRFSS.

Strategies to Achieve Success or Overcome Barriers/Challenges

Not at this time.

Activity 8:**Identify Risk Factors for Limited English Proficiency Populations**

Between 10/2011 and 09/2012, based on the questions added by the Office of Health Disparities and Health Equity to the 2008-2010 Nebraska BRFSS and minority BRFSS, identify risk factors for Nebraska’s Limited English Proficiency (LEP) populations.

Activity Status

Completed

Activity Outcome

The OHDHE and Nebraska Minority BRFSS identified risk factors associated with Limited English Proficient populations. The preliminary report is complete and is in the final stages of formatting and editing.

- 8.61% of all Nebraskan adults are diagnosed with anxiety/depression; 8.58% of the LEP population experience anxiety/depression.
- Significantly more LEP adults (17.71%) experience serious psychological distress as a result of expressing they have felt not well or not well at all in the last 30 days, compared to only 2.4% of all Nebraska adults.
- Additionally, 9.72% of LEP Nebraskans reported they experienced 10 days in the past month of not feeling mentally well.

Reasons for Success or Barriers/Challenges to Success

BRFSS data collection method and data weighing method

Strategies to Achieve Success or Overcome Barriers/Challenges

Partnered with the University of Nebraska Medical Center and Nebraska DHHS data use group which includes several NDHHS offices, stakeholders, improved Behavioral Risk Factor Surveillance System (BRFSS) Minority Data collection method, and weighting methods.

Essential Service 3 – Inform and Educate**Impact/Process Objective 1:****Community Meetings**

Between 10/2011 and 09/2012, the Minority Health Program will conduct **6** community meetings to educate and gather feedback from minority populations about infant mortality risk factors and other health issues.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Minority Health Program conducted **6** community meetings to educate and gather feedback from minority populations about infant mortality risk factors and other health issues.

Reasons for Success or Barriers/Challenges to Success

the OHDHE conducted 6 community meetings, 5 with African American women and their families, and 1 Unnatural Causes follow-up event. We educated and gathered feedback from minority populations about infant mortality risk factors and health issues.

The project included Limited English Proficiency populations in rural areas. the OHDHE Collaborated with the local health departments and community and faith-based organizations who had previous success reaching these communities. We uncovered essential information about infant mortality in both African American and Hispanic Communities.

Socioeconomic status and single-parenthood created a barrier to getting people to come to meetings.

Strategies to Achieve Success or Overcome Barriers/Challenges

Meeting recruitment was conducted by grassroots leadership in both English and the participants first language. All issues surrounding these activities were overcome with community leadership.

Activity 1:

Infant Mortality Community Meetings Follow-Up

Between 10/2011 and 09/2012, hold five community meetings with African American women and their families to discuss practices that contribute to better health outcomes for pregnant women, childbirth and newborns in Eastern and Western Nebraska. The project will also include LEP populations in rural and urban areas and other at-risk or vulnerable populations. Success will be influenced by collaborating with local health departments, community based organizations and faith based organizations. These organizations have been previously identified as able to achieve good outreach among African American communities (organizations will have proven track record working in communities with significant African American population). The community meetings will be conducted in the same manner in each community, using a standardized question guided discussion.

Activity Status

Completed

Activity Outcome

A series of community meetings in Nebraska targeted Asian, Hispanic, and African American populations to explore the cultural, familial and community dynamics that influence birth outcomes, infant mortality rates and contribute to the overall well-being of women and their newborns. The meetings uncovered protective factors present in each community that lead to better birth outcomes and lower infant mortality rates. By studying each ethnic group individually and hearing stories directly from the community members a deeper understanding of the existing institutional health inequalities, protective factors, and potential areas for reducing health inequalities to achieve more equity in obstetrical outcomes was achieved. All of the community meetings included both females and males who participated in guided discussions and provided meaningful information related to their cultural practices for the care and support of pregnant women and their babies both during pregnancy and after giving birth. Each meeting used the same questions and centered on lifestyle, diet, physical activity, traditions, and beliefs related to pregnancy, birth, newborn infants and the structure and dynamics of the family and community.

Twelve community meetings were held with the Hispanic populations in: Lincoln, Crete, Hastings,

Harvard, Grand Island, North Platte, South Sioux City, Wakefield, Columbus, Schuyler, Scottsbluff, and Gering. The Hispanic participants were first generation immigrants to the United States from rural areas of Mexico, Guatemala, El Salvador, and Cuba. **Five** community meetings with the African American population were held in Lincoln and Omaha. The African American participants represented a cross section of individuals from varied socioeconomic statuses and reflected the diversity present in this community. Finally, **seven** community meetings among Asian Americans were held in both eastern and western Nebraska. The Asian community meetings included participants from the Chinese, Burmese, Vietnamese, Korean, and Japanese communities.

Reasons for Success or Barriers/Challenges to Success

The Infant Mortality community meetings filled a significant void in our understanding of the disparities in obstetrical outcomes that exist along socioeconomic, racial and ethnic lines in Nebraska. The persistent gap between African American birth outcomes and infant mortality rates compared to Asian American, Hispanic, and non-Hispanic White outcomes is striking, and stubbornly resistant to interventions and attempts to ameliorate the disparity. While a nation, state, and communities' health status, access to health care, and existing health disparities all may be measured by their infant mortality rates and obstetrical outcomes, the underlying conditions that serve as protective factors can be difficult to ascertain. Clearly, socioeconomic conditions effecting the individual, family, and community such as poverty, single-parent headed households, and neighborhood violence all have an impact on increasing the disparities in preterm and low-birth weight outcomes.

Interestingly, the research has identified a protective factor called the "Hispanic paradox." While in many instances Hispanic women share the same socioeconomic statuses of African American women, they do not share the same poor birth outcomes. Hispanic women, especially those who are newcomers to the U.S., enjoy notably better birth outcomes than do African American women. This protective factor, the Hispanic paradox, is negatively correlated with the amount of time they have lived in the U.S. Research suggests the longer time a Hispanic woman has lived in the U.S. and the greater her level of acculturation, the less robust is the protective Hispanic paradox.

Strategies to Achieve Success or Overcome Barriers/Challenges

All of the recruitment efforts for the community meetings were conducted by grass roots leadership from within the community. The meetings were conducted in both English and the participant's first language, as the facilitators deemed appropriate. This allowed for an ease of understanding by all participants, and allowed for the greatest level of content access, knowledge transfer, and meaningful collaboration. Language barriers and a lack of trust in the Hispanic and Asian populations is a significant road block that prevents effectively discussing the issues surrounding cultural practices for pregnant women and their newborn infants. It is not easy to recruit and train interpreters and translators, and again there are certain cultural barriers in the roles of men and women that increase the difficulty of hiring suitable translators and interpreters.

Many public and community entities do not know how to effectively utilize an interpreter or translator and frequently resort to using the children as interpreters. This practice is not recommended and is fraught with problems including, but not limited to, confidentiality issues, and incomplete and inaccurate translations.

Activity 2:

Unnatural Causes Follow-Up Events

Between 10/2011 and 09/2012, conduct a follow-up event to Unnatural Causes screenings in Grand Island, Nebraska. The meetings will be in a mini-conference format, approximately 4 hours long. The event will emphasize how well-being is not just a matter of making good choices and having access to quality care.

Activity Status

Completed

Activity Outcome

The PHHS Block Grant funded one Unnatural Causes Leadership Summit for the Sudanese community in Grand Island, Nebraska. The conference was conducted in English and was translated into the participant's native language. The population for the Unnatural Causes Seminar was somewhat skewed along gender lines. 72% of participants were male ($n = 10$), and 28% of the participants were female ($n = 4$). Table discussions gathered data and input designed to address public health as a community issue, and to examine possible interventions such as the creation of environmental, housing and health policies. The Unnatural Causes summit began to lay a foundation within the Sudanese community for a comprehensive community-driven, sustained approach to positive public health outcomes. A glossary of the Social Determinants of Health, Definition and Concepts, in addition to Examples of Model Policies was distributed to all attendees.

A pre-test post-test evaluation model was used. The data suggest an initial low level of content knowledge. However, the post test results are promising and suggest significant growth occurred over the course of the training. All of the participants for the Unnatural Causes Summit were recruited from the ranks of the Sudanese leadership training which drew participants from the local Sudanese community by grassroots outreach efforts. All participants were 1st generation immigrants or refugees to the United States from Africa. The educational levels of participants varied; however, all of the participants were eager to be involved in the Summit and expressed an interest in helping their communities and their families grow stronger and to become change agents within their communities.

Reasons for Success or Barriers/Challenges to Success

The Unnatural Causes Summit filled an important gap toward the goal of educating and gathering information on health disparities within the Sudanese Community in Nebraska. Through education and discussion, the Summit increased the cultural proficiency and integration of the Sudanese community in Grand Island, Nebraska. The Sudanese culture has some beliefs and practices that can interfere with their ability to effectively access the resources (i.e. education, employment, and healthcare) available in the United States. The history of many Sudanese immigrants of spending years in refugee camps, experiencing life as victims of genocide or the strife of civil war, and frequently an interrupted education history is not an adequate preparation for life in the United States. There are minimal efforts made to help Sudanese immigrants assimilate and acculturate. Prior to coming to their new land there is only a cursory effort made to familiarize them with life in the United States. Without specific and intentional cultural proficiency training, Sudanese immigrants are left without the skills necessary to negotiate the U.S. culture. Many misunderstandings arise in and between Sudanese and U.S. natives due to cultural misunderstandings and misinterpretations. Clearly, there are deep and significant differences between the culture of the refugee camps, the Sudanese culture and the culture of the United States. Frequently, in Sudanese culture there can be perceived gender role differences towards healthcare, education, and employment that are not easily integrated into the cultural milieu of the U.S. This is only one example of the many cultural differences that can lead to complicated and debilitating cross cultural conflicts and misunderstandings. This Summit is one step toward closing this gap.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Unnatural Causes Summit was conducted by Dr. Maria Hines from the Nebraska DHHS Office of Health Disparity and Health Equity. The language barriers between many Sudanese immigrants, refugees and the general population are a significant road block preventing effectively accessing the resources (i.e. education, employment, and healthcare) available in the United States. It is not easy to recruit and train interpreters and translators, and again there are certain cultural barriers in the roles of men and women that increase the difficulty of hiring suitable translators and interpreters. Many public and community entities do not know how to effectively utilize an interpreter or translator and frequently resort to using the children as interpreters. While Sudanese immigrants tend to have higher levels of education than other immigrant groups, the quality of the educational experience in the refugee camps is questionable. Materials translated into the first language of participants need to be at a culturally appropriate reading and comprehension level to promote the most extensive access.

Impact/Process Objective 2: Needs Assessment Follow-Up

Between 10/2011 and 09/2012, the Minority Health Program will conduct **6** training programs to increase access to health and academic education opportunities and breakdown existing barriers to access education and health care. Identify reasons for decrease in minority enrollment and barriers to Every Woman Matters program screening participation and increase enrollment.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Minority Health Program conducted **6** training programs to increase access to health and academic education opportunities and breakdown existing barriers to access education and health care. Identify reasons for decrease in minority enrollment and barriers to Every Woman Matters program screening participation and increase enrollment.

Reasons for Success or Barriers/Challenges to Success

The OHDHE conducted a 6 week training program to increase access to health and academic education opportunities and breakdown existing barriers to access education and healthcare.

A lot of misunderstandings come up between Sudanese and U.S. natives due to cultural misunderstandings and misinterpretations. There often times are perceived gender role differences toward healthcare, education, and employment.

Strategies to Achieve Success or Overcome Barriers/Challenges

All trainings were performed in the participants first language to reduce misunderstandings and communicate effectively.

Activity 1:

Identifying gaps in Somali Communities

Between 10/2011 and 09/2012, based on last year's Somali needs assessment (identified gaps between current and desired circumstances, identified priorities and barriers, and prioritized activities) with the assistance of a Lay Health Ambassador, conduct a six-week training program aimed at Somali families. Sessions will be held in Grand Island, Lexington, South Sioux City and Omaha. In order to focus on the priorities, action steps and activities needed to increase access and eliminate barriers, two key points will be used while developing the curriculum, based on the data gathered from the Somali needs assessment: 1) What is the current need, and 2) What opportunities are available. The curricula will include acculturation and behavior, cultural proficiency, and empowering parents to become peer leaders within their communities.

Activity Status

Completed

Activity Outcome

The PHHS Block Grant funded two focus groups: leadership training, and an Unnatural Causes Summit for the Sudanese community in Grand Island, Nebraska. Through the focus groups common themes, areas of need and gaps in access to health care and education were identified. A curriculum was developed to address these areas, *Learning, Surviving and Thriving in a New Land*. All of the trainings were conducted in the participant's native language and in English as deemed appropriate by the facilitators. A pre-test post-test evaluation model was used.

The data suggest an initial low level of content knowledge. However, the post-test results are promising and suggest significant growth occurred over the course of the training. In some instances individual pre-test post-test gains were as robust as 77%. The lowest percentage gain from pre-test to post-test scores was 33%. The population was somewhat skewed along gender lines. 73% of the participants were male ($n = 8$), and 27% of the participants were female ($n = 3$). All of the participants were recruited from the local Sudanese community by grass roots outreach efforts and all participants were 1st generation immigrants or refugees to the United States from Africa. The educational levels of all participants varied;

however, all of the participants were eager to be involved in the leadership training and expressed an interest in helping their communities and their families grow stronger and to become change agents within their communities.

The participants for the Unnatural Causes Seminar was also somewhat skewed along gender lines. 72% of participants were male ($n = 10$), and 28% of the participants were female ($n = 4$). All of the participants for the Unnatural Causes Summit were recruited from the ranks of the Sudanese leadership training. The educational levels of all participants varied; however, all of the participants were eager to be involved in the training and expressed an interest in helping their communities and their families grow stronger and to become change agents within their communities.

Reasons for Success or Barriers/Challenges to Success

The focus groups and leadership training filled an important gap toward the goal of furthering the cultural proficiency and integration of Sudanese in Nebraska. The Sudanese culture has some beliefs and practices that can interfere with their ability to effectively access the resources (i.e. education, employment, and healthcare) available in the United States. The history of many Sudanese immigrants of spending years in refugee camps, experiencing life as victims of genocide or the strife of civil war, and frequently an interrupted education history is not an adequate preparation for life in the United States. There are minimal efforts made to help Sudanese immigrants assimilate and acculturate. Prior to coming to their new land there is only a cursory effort made to familiarize them with life in the United States. Without specific and intentional cultural proficiency training, Sudanese immigrants are left without the skills necessary to negotiate the U.S. culture. Many misunderstandings arise in and between Sudanese and U.S. natives due to cultural misunderstandings and misinterpretations. Clearly, there are deep and significant differences between the culture of the refugee camps, the Sudanese culture and the culture of the United States. Frequently, in Sudanese culture there can be perceived gender role differences towards healthcare, education and employment that are not easily integrated into the cultural milieu of the U.S. This is only one example of the many cultural differences that can lead to complicated and debilitating cross cultural conflicts and misunderstandings. This leadership training is one step towards closing this gap.

Strategies to Achieve Success or Overcome Barriers/Challenges

All of the leadership training was conducted by leaders from the Sudanese community in Grand Island. The trainings were conducted in both English and the participants' first language as the facilitators deemed appropriate. This allowed for an ease of understanding by all participants, and allowed for the greatest level of content access and knowledge transfer. The language barriers between many Somali immigrants, refugees, and the general population are a significant road block that prevents effectively accessing the resources (i.e. education, employment, and healthcare) available in the United States. It is not easy to recruit and train interpreters and translators, and again there are certain cultural barriers in the roles of men and women that increase the difficulty of hiring suitable translators and interpreters. Many public and community entities do not know how to effectively utilize an interpreter or translator and frequently resort to using the children as interpreters. This practice is not recommended and is fraught with problems including, but not limited to, confidentiality issues, and incomplete and inaccurate translations. While Sudanese immigrants tend to have higher levels of education than other immigrant groups, the quality of the educational experience in the refugee camps is questionable. Materials translated into the first language of participants need to be at a culturally appropriate reading and comprehension level to promote the most extensive access.

Activity 2:

Follow-Up to Every Woman Matters Program

Between 10/2011 and 09/2012, continue efforts to increase enrollment of African American, Hispanic, American Indian, Asian, and refugee women in the Every Woman Matters (EWM) program. Identify reasons for decrease in minority enrollment and barriers to Every Woman Matters screening participation.

Activity Status

Completed

Activity Outcome

Enrollment fairs, focus groups, health fairs, stakeholders meetings, Lay Health Ambassador training, Woman's Health conference, a Refugee Women's Health Conference, a basketball tournament and various outreach efforts were held throughout Congressional Districts one, two and three. This project partially completed the implementation of social media to provide outreach and information to a larger community. Outreach was conducted by social media and surveys to assess perceptions on health information. The result from 19 activities was 2,100 people served and 87 individuals enrolling in the Every Woman Matters program.

We utilized a Pilot Project to educate and train Promotoras or Lay Health Ambassadors to serve as natural community helpers. This training was conducted in all three congressional districts. The idea is to formally and informally share critical health and safety information to peers in their community. Accomplishments focused on addressing the needs and barriers faced by African American, Hispanic, and Asian woman in Nebraska to facilitate and encourage preventive screening and lower the incidence of breast and colon cancer in Nebraska.

Reasons for Success or Barriers/Challenges to Success

Overall outreach and education to the larger communities was well received. Transportation and language barriers continue to be an issue. Education to the African (refugee) communities has initially been positive; however, much more education and information will be needed to enhance the refugee women's overall understanding of the EWM program goals and objectives. This can also be said for many of the Latino community members.

Strategies to Achieve Success or Overcome Barriers/Challenges

Provide culturally and linguistically appropriate health educators and services.

Strategies used to overcome challenges included ensuring health educators, services and programming was linguistically appropriate to the target audience and to facilitate/communicate with community partners to assist in spreading the information, as well being proactive in encouraging involvement, arranging transportation, screening, and explaining the programming in as simple terms as possible to the intended audience.

Impact/Process Objective 3: **Behavioral Telehealth Project**

Between 10/2011 and 09/2012, the Minority Health Program will evaluate 1 pilot study to provide telehealth service to rural American Indians provided by Tribal behavioral health service providers.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Minority Health Program evaluated 1 pilot study to provide telehealth service to rural American Indians provided by Tribal behavioral health service providers.

Reasons for Success or Barriers/Challenges to Success

The OHDHE purchased telehealth equipment for 5 Ponca Tribe offices and developed a schedule and documentation strategy for telehealth encounters.

There were several questions that came up regarding the telehealth system once everything was put in place.

Strategies to Achieve Success or Overcome Barriers/Challenges

Issues and questions were separated out to different sections and tackled in pieces.

Activity 1:**Behavioral Health Pilot Study**

Between 10/2011 and 09/2012, a pilot project to provide behavioral health services to reach rural minorities will be evaluated. The Minority Health Program will work with the Ponca Tribe to evaluate compatibility of providing telehealth service to rural American Indians provided by Tribal behavioral health service providers. The project will install video conferencing hardware at five Ponca Tribe sites, recruit 5-8 Tribal behavioral health service providers, train 5-8 staff to use the equipment, develop a survey to gauge point-in-time status and changes for clients and providers, obtain consent from 5-10 clients to receive and evaluate their services, provide ongoing clinical services to these clients through the telehealth system, and provide consultation with 5-8 behavioral health staff.

Activity Status

Completed

Activity Outcome

Worked with the Ponca Tribe to provide rural health services. We purchased telehealth equipment (30% this grant/ 70% other sources) for all five Ponca office sites (Lincoln, NE; Sioux City, IA; Omaha, NE; Norfolk, NE; Niobrara, NE). A process was developed to schedule and document telehealth encounters using Indian Health Service's (I.H.S.) electronic health record scheduling module and a patient consent form created adhering to state and reviewed by Tribal Attorney for consistency with I.H.S. requirements. We adapted an encounter evaluation form and Telehealth User Competency Checklist for training purposes. Finally we trained a pilot group. We also established telehealth capacity at all five Ponca office sites for audio-visual communication at a rate that meets administrative requirements (H.323 standards; Transmission Rate \geq 384 kbps; Intranet or other controlled environment);

Reasons for Success or Barriers/Challenges to Success

After purchasing the equipment, clinic and planning staff encountered several questions that required research and other actions before launching the project, including:

1. What are the legal/regulatory requirements/constraints for telehealth services in Nebraska, Iowa, and Indian Health Services?
2. What is required to be eligible for Medicaid payments for telehealth services?
3. What is required to be eligible for payments from Private insurance companies for telehealth services?

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Staff were assigned to research requirements;
2. Indian Health Service was asked to assist with locating model documents to assist in the development of required policies/procedures;
3. Blue Cross Blue Shield of Nebraska was asked to provide a presentation on telehealth billing process and requirements.

State Program Title: ORAL HEALTH PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded *Oral Health Program* is dedicated to providing oral health care and preventive services, reducing the unmet dental needs of children from low-income and minority households in Nebraska.

The PHHS Block Grant funded Oral Health Program leveraged Health Resources Services Administration (HRSA) funds and continues to coordinate services with the "Oral Health Access for Young Children Program". The program provides preventive oral health services to children under the age of 8 and to their parents and caregivers. In its first 8 months of operation, a total of 7,113 fluoride varnish treatments were provided to 5,191 young children and 2,023 adults.

Health Priorities:

Dental decay is a significant public health problem for Nebraska children. A Nebraska school-based survey conducted in 2005 showed that approximately 60% of the children surveyed had experienced dental decay by the third grade, almost 17% have untreated dental decay and 13% had decay in seven or more of their teeth.

According to the survey, children from lower-socioeconomic backgrounds tend to have worse oral health status and nearly 30% of children from low income schools have untreated dental decay. Minority children (African American and Hispanic) experience poorer oral health, with approximately 28% of minority children having untreated dental decay and 20% having rampant decay (seven or more teeth with decay experience).

Primary Strategic Partners: Local/District Health Departments, University of Nebraska College of Dentistry, Creighton University School of Dentistry, Central Community College Dental Hygiene Program, Federally Qualified Health Centers and local pediatric dentists,

Evaluation Methodology: Subawardees collect data on oral health services, including demographics and specific procedures rendered; conduct process review involving staff, dental professionals and translators aimed at quality improvement. An oral health surveillance system, modeled after the National Oral Health Surveillance System of the ASTDD.

National Health Objective: 21-12 Dental Services for Low-Income Children

State Health Objective(s):

Between 10/2010 and 09/2016, decrease by 5% the percentage of third graders in Nebraska who have untreated dental decay.

State Health Objective Status

In Progress

State Health Objective Outcome

Achievement of Impact Objectives moves us toward achievement of State Health Objectives; distribution of oral health educational materials to a variety of agencies and provision of restorative oral health care to children and youth helps us to reduce the number of children with untreated dental decay. Moreover, education and preventive care help to reduce or delay development dental decay in that population.

FY2012 marked the winding down of a period in which a fairly substantial amount of PHHSBG funds were invested in support of oral health projects. It was, in fact, the final year of a contract with South Heartland District Health Department to provide dental care for children from low income homes. During FY2012, other preventive care projects, including the pilot project at Two Rivers Public Health

Department, were funded through a HRSA grant. Unfortunately, that grant was not renewed. The NDHHS Office of Oral Health and Dentistry is actively seeking other foundation and federal grant funds to sustain preventive services.

Reasons for Success or Barriers/Challenges to Success

- (+) The contractor has years of experience in providing oral care to children and has a highly successful relationship with a local dentist and a college of dental hygiene to help provide the care.
- (-) The need for preventive care is always greater than the resources to meet that need.
- (-) Few low income children have private dental insurance and some dentists do not accept Medicaid eligible patients.
- (-) The low number of dentists and clinics available to provide care in many rural geographic areas of the state limits access to care. Few low income children in those areas have a dental home.
- (-) State law limits the kind of care that can be provided and mandates

Strategies to Achieve Success or Overcome Barriers/Challenges

- (+) Encourage collaboration among local health departments and dental care professionals and programs
- (-) Emphasize preventive dental care that can be provided by persons other than a dentist.
- (-) Raise awareness of services provided at public dental clinics and programs operated by Nebraska's two dental colleges, the University of Nebraska College of Dentistry and Creighton University School of Dentistry.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Local health departments use some of their own funds to provide oral health education and preventive care and attract in-kind contribution of goods and services from the oral health stakeholders in their geographic area.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Expand Educational Efforts

Between 10/2011 and 09/2012, the NDHHS Office of Oral Health and Dentistry and Oral Health Stakeholders will distribute oral health education through selected media to **at least 100** public health agencies, oral health clinics and child advocacy providers.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the NDHHS Office of Oral Health and Dentistry and Oral Health Stakeholders distributed oral health education through selected media to **344** public health agencies, oral health clinics and child advocacy providers.

Reasons for Success or Barriers/Challenges to Success

- (+) A total of 20,743 pieces of educational materials were distributed during the reporting period.
- (+) Staff was in place and printed materials were readily available for distribution.

(-) No problems were identified.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Utilize the website of the Office of Oral Health and Dentistry for on-line ordering as well as email and paper ordering forms.

(-) No strategies identified.

Activity 1: Media Distribution

Between 10/2011 and 09/2012, identify oral health media developed by local, state or national oral health programs; duplicate and distribute in collaboration with oral health stakeholders across the state.

Activity Status Completed

Activity Outcome

Provided partial support for an oral health media campaign, including placement of educational billboards emphasizing the importance of taking children to a dentist at least one per year and the connection between oral health and systemic health overall.

In collaboration with Nebraska DHHS partners, the Oral Health Advisory Panel, a local marketing agency, and statewide media outlets, the OOHd developed and implemented the *Watch Your Mouth!* social marketing campaign on the importance of oral health. In order to make the most of Nebraska DHHS resources and contain costs, campaign materials were developed internally and a material distribution plan was developed in consultation with a local marketing consultant. The campaign focused on two main messages: the connection between oral health and overall health, and the importance of taking children to a dentist at least once a year. *The billboard for the second message won a 2012 Award of Excellence in Public Health Communications from the National Public Health Information Coalition:* <http://www.nphic.org/conferences/2012/awards-for-excellence/1795-awards-print-postersbillboards-winners>

The campaign coordinated messages from January – April 2012 between outdoor billboards, television PSAs, print ads, and radio PSAs. Messages displayed on 12 billboards in 10 cities and towns across the state. From January 20-February 26th, 2012, television PSAs were aired on nine channels for a total of 368 spots aired. Print ads were published in 11 newsletter publications across the state. Radio PSAs were distributed to 16 stations and media groups in Nebraska. The campaign materials can be found at <http://dhhs.ne.gov/publichealth/Pages/WatchYourMouth.aspx>

Halfway through the campaign period and in conjunction with Children's Dental Health Month, the OOHd sponsored a *Watch Your Mouth!* Art and Writing Contest for children in K-8th grade in public, private, and home schools in Nebraska. The entries focused on two themes: "More Than A Smile: How oral health affects the rest of your body" and "Watch Your Mouth: The importance of getting dental check-ups each year." Submissions were received from 107 children representing 15 urban and rural locations across the state. A winner from each category was chosen by vote of a panel of Health Promotion Unit employees, and every participating child received a "Healthy Smiles Award" certificate for their entry. Winning entries can be found at http://dhhs.ne.gov/publichealth/Pages/dental_index.aspx

In addition, OOHd developed a series of 6 "*Watch Your Mouth!*" educational brochures to emphasize and expand upon the message that oral health is connected to overall health. The titles of the brochures are *Oral Health and Drug Use*; *Oral Health and Tobacco Use*; *Oral Health and Pregnancy*; *Oral Health and the Body*; *Oral Health in Older Adults*; and *Oral Health and Nutrition*. These materials are available at http://dhhs.ne.gov/publichealth/Pages/dental_catalog.aspx

Reasons for Success or Barriers/Challenges to Success

- (+) Ability to contract with an experienced media consultant to make deals with the media vendors.
- (-) Creation of the media consultant contract , issues around who would deal with vendor payments.

Strategies to Achieve Success or Overcome Barriers/Challenges

- (+) Utilize the talents and background of temporary oral health educator.
- (-) Staff worked diligently through initial questions with legal services

Activity 2:

Education of Primary Care Providers

Between 10/2011 and 09/2012, collaborate with the HRSA funded "Oral Health Access for Young Children" to educate primary care providers and encourage application of fluoridated varnish in primary care settings.

Activity Status

Completed

Activity Outcome

This activity was not carried out as originally planned due to lack of a Dental Director to make the connections with primary care professionals and associations. However, a partner agency, Boystown National Research Hospital develop a Fluoride Varnish Toolkit that was distributed to primary care providers in rural and urban areas of the state. The Office of Oral Health and Dentistry providr posters for distribution, helped publicize the availability of the kit through the Oral Health Advisory Panel and provided contact information about the primary care providers.

Reasons for Success or Barriers/Challenges to Success

- (+) Highly motivated partners involved in providing oral health services.
- (-) Lack of interest on the part of primary care providers, without the encouragement of their professional associations and a champion among their membership.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) The existence of Nebraska's Oral Heath Advisory Panel provided a venue for discussion of the issues surrounding education of primary care providers and helped shape the contents of the Fluoride Varnish Toolkit.

(-) Boystown National Research Hospital is well respected by primary care providers and their advocacy helped increase acceptance of the concept of fluoride varnish application as part of routine care by primary care providers..

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Preventive/Evaluative Care

Between 10/2011 and 09/2012, NDHHS Office of Oral Health and Dentistry with contractors will provide evaluative clinics and preventive care for children, oral health education and materials for children and parents, and referral to restorative care to 1,000 children and youth.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS Office of Oral Health and Dentistry with contractors provided evaluative clinics and preventive care for children, oral health education and materials for children and parents, and referral to restorative care to **154** children and youth.

Reasons for Success or Barriers/Challenges to Success

The South Heartland District Health Department, Sonrisa Project provided evaluative and preventive services to children from low income households.

(+) Experience of the staff of the local health department and the long-term relationship they have with oral health professionals and dental health educational agencies.

(+) The Two Rivers oral health project was shifted to HRSA funding, freeing PHHSBG funds for other purposes.

(-) Change of emphasis from restorative care to preventive care for younger children required revamping procedures and affected the number reached.

(-) Rate of appointments scheduled but not kept.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Contract with agencies having the capacity and experience to carry out the work.

(-) No specific strategies identified.

Activity 1:

Evaluative Clinics and Preventive Services

Between 10/2011 and 09/2012, contract with at least two local/district health departments to provide preventive and evaluative services to at least 500 children and youth. Provide evaluative clinics including fluoride varnish and antimicrobial application, tooth brushing programs at grade schools, and education of parents and caregivers.

Activity Status

Not Completed

Activity Outcome

During year two of their contract the South Heartland Public Health Department was required to shift from providing restorative care to older children to providing preventive care for younger children. This required development of new procedures and relationships with professional staff, children and their parents.

Reasons for Success or Barriers/Challenges to Success

(+) No reasons for success identified.

(-) Change in emphasis caused disruption of process and consequently fewer children served.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) No Strategies identified.

(-) Restorative Care referred to other sources and partners.

Impact/Process Objective 2:

Restorative Care

Between 10/2011 and 09/2012, NDHHS Office of Oral Health and Dentistry with contractors will provide restorative dental care procedures to 100 children without a dental home or other sources of oral health care.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS Office of Oral Health and Dentistry with contractors provided restorative dental care procedures to 0 children without a dental home or other sources of oral health care.

Reasons for Success or Barriers/Challenges to Success

The South Heartland District Health Department, Sonrisa Project referred children low income households who needed restorative care to other sources..

Strategies to Achieve Success or Overcome Barriers/Challenges

(-) Developed and implemented referral procedure to help meet the need for restorative care.

Activity 1:

Restorative Clinics

Between 10/2011 and 09/2012, contract with at least two local/district health departments to organize and conduct restorative clinics to provide at least 200 specific procedures or referrals to restorative care.

Activity Status

Not Completed

Activity Outcome

No restorative care provided directly by the project during year two as required by NDHHS.

Reasons for Success or Barriers/Challenges to Success

(-) Barrier to providing restorative care and acting as a dental home for children without documentation was disallowed.

Strategies to Achieve Success or Overcome Barriers/Challenges

(-) Referrals were necessary.

State Program Title: PEOPLE, PLACES AND PARTNERS PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded *People, Partners and Places Program* is dedicated to supporting and strengthening Nebraska's capacity to protect the health of everyone living in Nebraska; primarily through organized governmental agencies, specifically the state health department and local/regional health departments. *(The program name was chosen to clarify the fundamental parts of public health infrastructure.)*

Health Priorities: NDHHS selected as priority activities:

- Assuring availability of health data necessary to planning and evaluating health programs and increasing the effectiveness of health department staff.
- Maintaining information and data resources at the state level in order to respond to requests for information from the local level, enable public health entities to conduct community needs assessment and provide a basis for formulating health policies and appropriate intervention strategies.
- Facilitating strategic planning at the state and local level, instituting performance standards and maintaining a well-trained public health workforce, critical to the success of all of the activities carried out by the NDHHS.
- Capacity building at the local level to provide all three Core Functions of Public Health and carry out all Ten Essential Services of Public Health.

Primary Strategic Partnerships:

- BRFSS: Survey and study partners: External -- CDC, Local Public Health Departments, University of Nebraska Medical Center (UNMC). Internal -- NDHHS programs including Child Protective Services, Behavioral Health, Tobacco Free Nebraska, Nebraska State Patrol, Comprehensive Cancer Program. Users of survey results and reports -- Legislators, NDHHS programs, Local Public Health Departments, University of Nebraska, Voluntary Associations, general public (both printed and electronic data access).
- Health Data: External -- Local health departments, university researchers, university educators of health professionals, community-based organizations. Internal -- NDHHS Offices and Units within the Division of Public Health.
- Community Health Development: Local Public Health Departments (County and District), Public Health Association of Nebraska, National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), Association of State and Territorial Health Officials (ASTHO), Nebraska Public Health Law Committee, Nebraska Turning Point Committee, UNMC College of Public Health.

Evaluation Methodology:

- Health Data: Report completion dates, data request response dates, data quality assurance procedures, and feedback from users of data.
- Community Health Development: Observation of operations of local public health departments, Reports from Local Public Health (LHD) Departments (including copies of their Health Improvement Plans, Performance Standards Assessment Results, Annual LHD Reports), Reports from contractors, observation of presentations by LHD staff.
- PHHS Block Grant Coordinator: Written twice-yearly reports from all subaward projects, site visit reports, personal and telephone contact.

National Health Objective: 23-2 Public Health Access to Information and Surveillance Data

State Health Objective(s):

Between 10/2010 and 09/2015, **maintain Nebraska's health surveillance system at the state and**

local level and develop processes for collection and analysis of needed health data on all populations for use in development of health status indicators. Information will be provided to at least ten types of end users (decision makers, health planners, health program staff, medical and health professionals, community coalitions, and the public).

State Health Objective Status

In Progress

State Health Objective Outcome

By design, the Impact Objectives are linked to the achievement of the State Health Objective; collection, analysis and reporting of health and demographic data are essential to maintaining Nebraska's complex health data surveillance system. During FY2012, staff completed a large majority of their work despite the challenges of work load assignments as described in the following sections of this report.

Reasons for Success or Barriers/Challenges to Success

(+) Competence and long-term experience of staff, and existence of an established surveillance system and policy and procedures for data collection and analysis.

(-) During part of FY2012, both the Statistical Analyst III and the Lead Program Analyst, partially funded by this project, were transferred to a different unit, which shifted their work priority and increased their workload.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Communication with internal and external data users and adherence to established procedures.

(-) As of August 2012, both the Statistical Analyst III and the Lead Program Analyst were permanently transferred to the Public Health

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Specific information is not available on how much money was awarded to programs within the Division or to external agencies during FY2012. However, virtually all applications for funding used data provided by the NDHHS data surveillance system, including the Community Health Assessment (CHA) spreadsheet.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Data and Surveillance

Between 10/2011 and 09/2012, NDHHS staff will provide health data to **5,000** users of data.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS staff provided health data to **6,000** users of data.

Reasons for Success or Barriers/Challenges to Success

- A Community Health Assessment (CHA) spreadsheet is maintained with the latest annual health information. The CHA spreadsheet is available on a website for each of the 21 Local Health Districts

(LHD's) in NE. The CHA spreadsheet has 21 sheets, one for each LHD. The two largest LHD's, that contain Lincoln and Omaha, receive over 5,000 requests for CHA health information each year, as well as over 1,000 CHA requests from the other 19 LHD's.

- Also the NDHHS produces a Vital Statistics Report and a Cancer Registry Report each year. These are available on a website, too.
- The NDHHS provides birth defect information and birth certificate information to the National Birth Defect Prevention Network, which makes birth defect information available nation wide.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) The internet allows State and Local users access to the CHA spreadsheet.

(+) Since population estimates, birth and death files, birth defect files, cancer registry files, hospital discharge files and Medicaid files, among others, become available each year, the CHA spreadsheet can be updated each year.

(-) The Shortage Area section in the CHA spreadsheet has a boundary problem. The Local HD boundaries are not the same as the Federal and State Shortage Area boundaries. This section should probably be removed from the CHA spreadsheet, since some Local HD Shortage Areas cannot be determined.

Activity 1:

Data Collection and Analysis

Between 10/2011 and 09/2012, identify 492 health indicators, populate a multi-sheet spreadsheet with current data for these 492 indicators for use by local health departments, update and execute analysis programs, generate and disseminate reports electronically, write narrative highlights of data analysis, and consult with Information Systems & Technology (IS&T) programmers regarding a Behavioral Risk Factor Surveillance (BRFSS) Query-System.

Activity Status

Completed

Activity Outcome

The Statistical Analyst III updated the 492 health status indicators with 2011 information by entering them into a Community Health Assessment (CHA) Spreadsheet, which was accessible to State and Local end users.

Examples of the requests for data made by NDHHS program staff during FY2012:

- Office of Health Disparities and Health Equity staff (Anthony Zhang) requested assess to differences in BRFS indicators for US-born vs. Non-US-born. He also wanted to assess BRFS indicators by English speaking ability. These assessments were done at the state level, using 06-10 BRFS data.
- Jihyun Ma in the Tobacco Free Nebraska Program needed tobacco related mortality and hospitalizations. She needed to consider secondary causes of death and hospitalization in addition to primary causes. She needed only state level information.

Reasons for Success or Barriers/Challenges to Success

(+) Long-term experience of staff, familiarity with the data systems and acquaintance with staff of other programs and units.

(-) The Statistical Analyst III position was reassigned to another division within the NE DHHS which made updating the CHA spreadsheet more difficult to fully update with 2011 information.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Maximize time use efficiency to complete as much as possible of workplan.

(-) Keep traditional users and supervisory chain informed, to explain the the effect on ability to fully achieve the workplan.

Activity 2:**2009-2010 BRFSS Comprehensive Report**

Between 10/2011 and 09/2012, analyze BRFSS data for 2009 and 2010 for Nebraska and for local/district health departments. Prepare comprehensive report of results for dissemination to users of these data.

Activity Status

Not Completed

Activity Outcome

Substantial progress has been made in completing the 2009-2010 Comprehensive BRFSS Report for Nebraska. Most of the data tables and analysis, as well as the narrative, have been completed. Work is still needed on graphs and on integrating the report components.

Most of this report process was completed successfully and in a timely manner.

Reasons for Success or Barriers/Challenges to Success

(+) Expertise and long-term experience of staff.

(-) The primary challenge concerned staffing. The retirement of the Project Manager resulted in transfer of the personnel assigned to this project to a different unit, where priorities were different and other additional work assigned, making completion of this project more difficult.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Assure communication and maximize efficient use of time.

(-) Due to the changes in assignments and priorities that occurred when staff assigned to this project were transferred and the resulting difficulty in getting adequate time to complete this project, the two staff members working on the Comprehensive BRFSS Report were permanently transferred from the Operations Division to the Public Health Division of Nebraska NDHHS in August 2012. Due to this transfer, this project has returned to high priority status and will soon be completed.

Activity 3:**Support for NDHHS Strategic Planning**

Between 10/2011 and 09/2012, collaborate with Epidemiology Surveillance Coordinator on department-wide data assessment.

Activity Status

Completed

Activity Outcome

- During the third and fourth quarters of FY2012, the Statistical Analyst III (Norm Nelson) worked with the Epidemiology Surveillance Coordinator (Jeff Armitage) to complete a scan of all available health data sources. This was part of a department-wide data assessment in conjunction with Nebraska's State Health Improvement Plan and moving toward Public Health Accreditation.
- The data provided by the Lead Statistical Analyst III included hospital discharge, mortality and BRFSS, analyzed by overall population and broken down by gender, race and geographic location.

- The Epidemiology Surveillance Coordinator requested crude and age adjusted rates from mortality and Hospital Discharge Inpatient files from 06-10. In particular, he wanted to look at deaths and inpatient hospitalizations related to drugs and alcohol.
- He requested mortality and Hospital Discharge Injury files from 06-10 for self-inflicted injury and assault. He needed county and Local Health District injury rates from mortality and Hospital Discharge Data files.
- He also wanted to assess environmental health for 2010 and 2011. He requested average nitrate levels by county and Local Health District, as well as, the proportion of people drinking adequately fluoridated water in NE's Public Water Systems, by county and Local Health District.

Reasons for Success or Barriers/Challenges to Success

- (+) Long experience and expertise of Lead Statistical Analyst III.
- (+) Historically strong working relationship between staff of different Units and programs.

- (-) Significant number of staff hours required to gather, and analyze data.

Strategies to Achieve Success or Overcome Barriers/Challenges

- (+) Adherence to procedures to assure data sets contain complete and accurate data.

- (+) Adherence to established procedures for responding to data requests in a timely manner.

Impact/Process Objective 2:

Conduct BRFSS survey and data reports

Between 10/2011 and 09/2012, contractor UNMC will collect **20,000** completed telephone and mail BRFSS interviews and produce reports for state agency and local health departments.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, contractor UNMC collected **21256** completed telephone and mail BRFSS interviews and produce reports for state agency and local health departments.

Reasons for Success or Barriers/Challenges to Success

- (+) Established procedures for conducting survey and assuring quality.

- (-) Number in the population switching to cell phones only.

Strategies to Achieve Success or Overcome Barriers/Challenges

- (+) Adherence to established procedures.
- (-) Development of ability to generate cell phone numbers.

Activity 1:

Conduct BRFSS survey

Between 10/2011 and 09/2012, contract with UNMC to compile 20,000 completed BRFSS interviews on 3

questionnaires.

Activity Status

Completed

Activity Outcome

- Nebraska's Behavioral Risk Factor Surveillance System (BRFSS) continued operation during FY2012 using primarily federal funds and revenue from health agencies that purchase modules of questions. Among those purchasers were programs within the Division of Public Health that used PHHS Block Grant funds for that purpose.
- Based on preliminary 2012 BRFSS data, from January to October Nebraska collected 17,756 completed surveys. These include completes from both landline and cell phone interviews. Information on the number of completes for the months of November and December is not yet available; however, we estimated that another 1,800 completes, both landline and cell phone, would be collected in the remaining two months of the calendar year 2012.

Reasons for Success or Barriers/Challenges to Success

(+) Established contract, working relationships among staff and procedures for conducting the survey and assuring quality results.

(-) Assuring adequate staffing and training of interviewers.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Adherence to established procedures.

(-) Diligence in recruitment and staffing.

Activity 2:

Provide technical assistance for BRFSS data users

Between 10/2011 and 09/2012, contract with UNMC to provide technical assistance to state agency and local health departments.

Activity Status

Completed

Activity Outcome

- Contract completed through a process primarily funded by other federal funds and by fees charged for adding modules to the base survey.

Reasons for Success or Barriers/Challenges to Success

(+) Experience and expertise of lead staff and trainers.

(-) Scheduling of meetings and trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Adherence to established procedures.

(-) Diligence and communication among staff.

Activity 3:

Determine BRFSS user needs

Between 10/2011 and 09/2012, determine BRFSS user needs for assistance in conducting point-in-time surveys, question development and special analysis

Activity Status

Completed

Activity Outcome

During FY2012, the staff operating the BRFSS met with NDHHS program staff to discuss the content of future questionnaires and to work out arrangements of purchase of modules by programs.

Reasons for Success or Barriers/Challenges to Success

(+) Program staff unfamiliar with the core and other modules and the procedures and costs of the BRFSS operation.

(-) Scheduling of meetings within busy work schedules.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Ongoing communication among staff.

(-) Diligence in establishing mutually agreed upon schedule.

Activity 4:**Provide BRFSS reports**

Between 10/2011 and 09/2012, provide BRFSS reports and fact sheets for state agency and local health departments.

Activity Status

Completed

Activity Outcome

The staff assigned to BRFSS duties developed and made reports and fact sheets available to users at the state and local level via the NDHHS website.

Reasons for Success or Barriers/Challenges to Success

(+) Expertise of staff assigned to development of reports and fact sheets.

(-) None identified.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Communication of BRFSS staff with program staff.

(-) None identified.

National Health Objective: 23-11 Performance Standards**State Health Objective(s):**

Between 10/2011 and 09/2016, **Increase the capacity of Nebraska's governmental public health agencies to carry out all 3 Core Functions and all 10 Essential Services of Public Health, focusing primarily on the funded programs within the NDHHS Division of Public Health and 18 LB692 Local/District Public Health Departments.**

(Note: LB692 was the legislative bill under which the current system of district health departments was established and is funded beginning in May 2001. For the first time, all 93 Nebraska counties are covered by local/district health departments.)

State Health Objective Status

In Progress

State Health Objective Outcome

- We continue to help increase the capacity of Nebraska's governmental public health agencies to carry out the Core Functions and Essential Services of Public Health by working with the local health departments to complete the Mobilizing for Action through Planning and Partnerships process (MAPP), Healthy Communities Grants, and training opportunities.
- We worked with 6 local health departments to complete the MAPP process including the Local Public Health System Assessment which includes a review of their ability to meet the 10 Essential Services. Local public health departments complete an action plan to address gaps. The block grant helps support grants to local health departments to implement interventions to make their communities healthier. We provide technical assistance and training to increase their capacity to do health promotion. This relates to several Essential Services.

Reasons for Success or Barriers/Challenges to Success

(+) Most local health departments are implementing the 3rd round of MAPP which indicates support for regular community assessment. The funding provided through the PHHSBG has made this support and buy-in possible. The local health departments are also implementing evidence-based strategies that result in policy, systems, and environmental changes with the help of local coalitions. These strategies have led to significant community changes.

(-) Ongoing need to training on basic and advanced public health topics, particularly among new staff of local health agencies.

(-) Serious overscheduling of PHHSBG coordinator due to additional assignment of Coordinated Chronic Disease grant management.

(-) Overscheduling of state program staff assigned to help monitor local health department projects in addition to increased state level assignments to duties under the Coordinated Chronic Disease grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) We have created a system of providing technical assistance and support to local health departments that is successful. We have established good relationships and communication that have created trust between the local and state health departments.

(-) Flexibility in scheduling and teamwork in completing work.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The local health departments contribute some of their own funds to complete both the MAPP and Healthy Communities grant activities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Support for Local/District Health Departments

Between 10/2011 and 09/2012, NDHHS staff, contractors, and local health department staff members will provide technical assistance and training opportunities to **18** local/district health departments and their key partners.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS staff, contractors, and local health department staff members provided technical assistance and training opportunities to 20 local/district health departments and their key partners.

Reasons for Success or Barriers/Challenges to Success

(+) During the reporting period, many NDHHS staff provided technical assistance and training to 20 local health departments. NDHHS staff provided technical assistance on the MAPP community assessment process to 8 local health departments helping them complete their local health assessment. Staff provided technical assistance on health improvement planning, quality improvement, and accreditation preparation activities as well. In addition, staff provided technical assistance and support for Healthy Communities Grants helping 13 local health departments implement programs and strategies that result in policy, systems, or environmental (PSE) changes. Finally, staff provide a number of trainings to increase skill level including the topics of: Worksite Wellness, PSE Change, Evaluation, and Quality Improvement.

(-) Serious overscheduling of PHHSBG coordinator due to additional assignment of Coordinated Chronic Disease grant management.

(-) Overscheduling of state program staff assigned to help monitor local health department projects in addition to increased state level assignments to duties under the Coordinated Chronic Disease grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Good collaboration and communication have led to the success of the quality technical assistance that is provided to the LHDs.

(-) Flexibility in scheduling and prioritization of work to be done.

Activity 1:**Technical Assistance**

Between 10/2011 and 09/2012, NDHHS staff will assess the technical assistance needs of local/district health departments. Staff members will gather models and standards including evidence-based program information to share with local/district health departments. NDHHS staff will also plan and arrange technical assistance and training opportunities. Technical assistance will be provided in the form of monitoring progress reports, one-on-one mentoring, conducting site visits, coordinating group update and sharing conference calls.

Activity Status

Completed

Activity Outcome

- NDHHS staff provided technical assistance on the MAPP process, Healthy Communities grants, accreditation preparation, and quality improvement initiatives. Technical assistance for these activities was provided in the form of progress reports (2 per year), scheduled information sharing conference calls, and annual site visits with each of the LHDs

Reasons for Success or Barriers/Challenges to Success

(+) The strong collaboration and communication among NDHHS staff has led to the success of this activity.

(-) No challenges identified.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) The Office of Community and Rural Health coordinated the technical assistance activities. Having one program coordinate efforts made the activities easier to achieve.

(-) No specific strategies identified.

Activity 2:**Financial Assistance**

Between 10/2011 and 09/2012, NDHHS will provide funds to local/district health departments to conduct a comprehensive community assessment and health prioritization process (Mobilizing for Action through Planning and Partnerships [MAPP]). Based on local health priorities, NDHHS will provide additional funds for local health departments to implement evidence-based programming. PHHSBG funds are used to leverage funds from state and other federally funded programs, pooled to provide financial assistance of this type to local/district health departments.

Activity Status

Completed

Activity Outcome

NDHHS provided grants to 8 local health departments to complete the MAPP process through a different funding source (\$15,000 per department). We used PHHSBG funds to support grants to 13 local health departments to implement evidence-based programming (various amounts; Healthy Communities grants). These Healthy Community grants have enabled the local health departments to address a health priority from their MAPP assessment.

Reasons for Success or Barriers/Challenges to Success

(+) By completing the MAPP process, the health departments identified local public health priorities. Through the Healthy Communities grants, local health departments are making policy, systems, and environmental changes.

(-) No barriers identified.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Over time, we have developed strong working relationships with local health departments which has led to their commitment to this type of work.

(-) No specific strategies identified.

Impact/Process Objective 2:**State Level Oversight**

Between 10/2011 and 09/2012, PHHS Block Grant Coordinator will evaluate **16** projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, PHHS Block Grant Coordinator evaluated **18** projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Reasons for Success or Barriers/Challenges to Success

(+) The PHHSBG Grant Coordinator was able to help evaluate several grants to local health departments funded with PHHS Block Grant dollars. These included the Healthy Communities Grants to local health

departments. The Coordinator monitored the progress of all projects or programs funded with Block Grant dollars.

(-) Serious overscheduling of PHHSBG coordinator due to additional assignment of Coordinated Chronic Disease grant management.

(-) Overscheduling of state program staff assigned to help monitor local health department projects in addition to increased state level assignments to duties under the Coordinated Chronic Disease grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) The PHHS Block Grant Coordinator maintains positive relationships and good communication with project/program coordinators. This makes it very easy to evaluate progress.

(-) Flexibility in scheduling meetings, and teamwork in completing tasks.

(-) Hiring a temporary worker to assist with the management of PHHSBG management tasks.

Activity 1:

Monitor and Support

Between 10/2011 and 09/2012, the PHHS Block Grant Coordinator will monitor subaward performance, review written reports, hold one-on-one meetings and telephone contacts, participate in group telephone consultation, meet with program staff members on location, conduct technical assistance and training, and attend funded activities to observe progress.

Activity Status

Completed

Activity Outcome

The Block Grant Coordinator monitored the performance of all PHHS Block Grant subawards during the reporting period. The Coordinator did this by reviewing reports written by program coordinators, conducting technical assistance, and attending funded activities to observe progress. The Coordinator attended site visits with local health departments that received Block Grant funding.

Reasons for Success or Barriers/Challenges to Success

(+) The PHHS Block Grant Coordinator has set up a system that allows her to keep track of progress. This system and strong working relationships help make this effort successful.

(+) The PHHS Block Grant Coordinator trains or assures training in proper use of the latest version of BGMIS among program staff allowing them to enter their workplans and progress reports directly.

(-) Serious overscheduling of PHHSBG coordinator due to additional assignment of Coordinated Chronic Disease grant management.

(-) Overscheduling of state program staff assigned to help monitor local health department projects in addition to increased state level assignments to duties under the Coordinated Chronic Disease grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) The Block Grant Coordinator communicates with subawardees frequently and thoroughly.

(-) Hiring a part time temporary health educator to assist with PHHSBG management tasks.

(-) Strategies include establishing communication and regular procedures, flexibility and teamwork in completing tasks.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Training and Educational Resources

Between 10/2011 and 09/2012, NDHHS staff and contractors will provide training on relevant topics, based on perceived need, to 18 local/district health departments.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS staff and contractors provided training on relevant topics, based on perceived need, to 20 local/district health departments.

Reasons for Success or Barriers/Challenges to Success

(+) NDHHS staff were able to provide a number of training and educational resources for 20 local health departments. We provided training on worksite wellness, policy, systems, and environmental change, accreditation preparation, and quality improvement. In addition, we provided sharing opportunities where local health departments could learn about best practices from each other.

(-) No specific challenges identified.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) NDHHS staff worked together at the beginning of the funding period to establish a schedule for trainings. This allowed us to focus on important topics and a specific timeline.

(-) No specific strategies identified.

Activity 1:

Training Sessions

Between 10/2011 and 09/2012, NDHHS staff members will coordinate training opportunities by identifying resources (e.g., presenters, materials), arranging locations and presenters, marketing the training sessions, and arranging the registration and evaluation processes.

Activity Status

Completed

Activity Outcome

- NDHHS staff members coordinated training sessions for local health departments and their stakeholders. We provided opportunities to learn about worksite wellness, policy change, public health department accreditation, and quality improvement. We also provided an opportunity to learn about best practices from other health departments. NDHHS staff members coordinated the sessions, arranged locations and presenters, marketed the sessions, and evaluated the sessions.

Reasons for Success or Barriers/Challenges to Success

(+) We provided five training opportunities for local health departments that were well attended. We had representatives from 20 local health departments at the trainings.

(-) No particular challenges identified.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Asking the local health department staff members what trainings they needed and were interested in helped make this effort successful. NDHHS staff also pooled resources to plan the trainings.

(-) No specific strategies identified.

Activity 2:**Mentoring**

Between 10/2011 and 09/2012, NDHHS staff will provide one-on-one mentoring to local/district health department staff members to increase their capacity to write grants, develop and implement health promotion programs, improve programming, and evaluate interventions and activities.

Activity Status

Completed

Activity Outcome

NDHHS staff worked across many programs to provide one-on-one mentoring to local health department staff members. We worked closely with staff as they prepared grants, helping them formulate ideas and complete the process accurately. We also helped them identify health promotion programs that are evidence-based. Finally, staff helped local health departments evaluate their program activities to determine their successes and weaknesses.

Reasons for Success or Barriers/Challenges to Success

(+) We worked with 20 local health departments throughout the funding period to provide mentoring to staff members.

(-) Overscheduling of state program staff assigned to help monitor local health department projects in addition to increased state level assignments to duties under the Coordinated Chronic Disease grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) NDHHS staff have worked to establish strong relationships with local health department staff. These existing relationships allow us to provide better technical assistance and mentoring to staff.

(-) Grant flexibility in scheduling and establish teams to complete work.

State Program Title: UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded *Unintentional and Intentional Injury Prevention Program* is dedicated to the prevention of unintentional and intentional injuries, injury-related hospitalizations, long-term disability and deaths.

Health Priorities:

- Injuries are the fourth leading causes of death for Nebraskans.
- For Nebraskans age 1 – 34 years, unintentional injuries are the leading cause of death.
- In Nebraska, more years of potential life are lost due to injury than any other cause of death.
- Falls are the leading cause of injury hospital discharge for all ages combined in Nebraska. They were also the second leading cause of unintentional injury death in Nebraska.
- Statewide, the leading cause of injury death is motor vehicle crashes, followed by suicide.
- One in eight (more than 84,000) adult women in Nebraska has experienced one or more completed forcible rapes during her lifetime.

Primary Strategic Partnerships:

Unintentional Injury:

External: Safe Kids Coalitions and Chapters, Child Passenger Safety Technicians and Instructors, Local Public Health Departments, Nebraska Office of Highway Safety, Nebraska Safety Council, local hospitals, Nebraska State Patrol, Brain Injury Association of Nebraska, parents and the general public;
Internal: NDHHS programs which include: Epidemiology, Nutrition and Physical Activity for Health, Unit on Aging, EMS/Trauma, Lifespan Health.

Intentional Injury:

Sexual Offense Set-Aside funds are contracted to the network of 19 local sexual assault crisis centers which are supported by the Nebraska Domestic Violence Sexual Assault Coalition. The local programs partner with schools, universities, faith-based organizations and a range of community organizations, as well as local crisis response teams, law enforcement and medical providers.

Suicide: Nebraska Suicide Prevention Coalition, University of Nebraska Public Policy Center, Nebraska Interfaith Ministries, BryanLGH, NDHHS Behavioral Health and Lifespan Health.

Evaluation Methodology:

Unintentional Injury: Collection and monitoring of reports from Safe Kids Coalitions and Chapters, and Child Passenger Technicians. Access Death Data and Hospital Discharge Data, analyze results and trends. Provide data results to partner programs. Monitor program participant survey results.

Intentional Injury:

Rape Set-Aside: Collection and analysis of reports from local programs for both preventive education and victim services, surveillance surveys among victims, workshop evaluation data.

Suicide: Access Death Data, Hospital Discharge Data, and Child Death Review Team data, analyze results and trends.

Source: NDHHS Vital Statistics, 2007; NDHHS Hospital Discharge Data, Nebraska Domestic Violence Sexual Assault Coalition.

National Health Objective: 15-12 Emergency Department Visits

State Health Objective(s):

Between 10/2011 and 09/2015,

- For children aged 1 to 14 years, reduce the number of traumatic brain injuries needing emergency room visits to less than 539 per 100,000 Nebraska children.
- For children aged 1 to 14 years, reduce the number of traumatic brain injuries needing hospitalizations to less than 28 per 100,000 Nebraska children.

State Health Objective Status

In Progress

State Health Objective Outcome

During FY 2012, Safe Kids Nebraska was able to award funding to 6 different local Safe Kids Chapters. Injury prevention programming was conducted in the following areas: bicycle safety, water safety, sports safety, child passenger safety, seat belt safety and pedestrian safety. These areas were supported for funding because injuries in these areas can lead to traumatic brain injuries.

- Child safety seats were provided for 13 community check-up events, where more than 250 child safety seats were checked and more than 100 distributed.
- 140 coaches participated in Youth Sports Injury Prevention Workshops.
- Motor vehicle/seat belt safety packets were distributed to over 650 school aged children
- Attendees at county fairs were exposed to motor vehicle safety/seat belt safety demonstrations and presentations.
- Bicycle Safety Rodeos were held and more than 300 helmets were fitted.
- More than 400 children attended community bicycle educational demonstrations.
- 80 life jackets were distributed during water safety educational events.
- Child pedestrian safety and walk to school activities involved more than 300 children.

Nebraska DHHS Injury Prevention Program continues to partner with Husker Sports Network to conduct a statewide media awareness/education campaign about concussions and traumatic brain injuries. Husker Sports Network has a state wide reach. The organization is developing a broader coalition to address the topic of concussions and traumatic brain injuries and has received a three year financial commitment from BryanLGH Medical Center. A social media campaign was also conducted with the campaign. The name of the campaign is "Heads Up Nebraska. More information can be found at <http://www.bryanlgh.com/headsupnebraska>

Nebraska DHHS Injury Prevention Program developed/updated a website with concussion education and resources that fulfill the requirements associated with LB 260. www.dhhs.ne.gov/concussions

Reasons for Success or Barriers/Challenges to Success

Reasons for Success:

1. The Safe Kids Nebraska coordinator communicates with local Safe Kids chapters on a weekly basis.
2. Nebraska DHHS Injury Prevention Program maintains a website with concussion education and resources that fulfill the requirements associated with LB 260.
3. The Nebraska DHHS Injury Prevention Program has developed a sports concussion awareness evaluation task force in conjunction with LB260.

Barriers and challenges identified:

1. One local Safe Kids Chapter lost the support of its lead agency and has not been able to reestablish a lead agency. No Safe Kids injury prevention programming is currently being conducted in this chapters service area.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. A comprehensive evaluation of LB 260 and the activities associated with the bill is being designed and implemented over the next 3 years.
2. Technical assistance calls were conducted with the local Safe Kids programs that were awarded grant funding.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Nebraska DHHS Injury Prevention Program continues to partner with Husker Sports Network to conduct a statewide media awareness/education campaign about concussions and traumatic brain injuries. Husker Sports Network has a state wide reach. The organization is developing a broader coalition to address the topic of concussions and traumatic brain injuries and has received a three year financial commitment from BryanLGH Medical Center. The name of the campaign is "Heads Up Nebraska. More information can be found at <http://www.bryanlgh.com/headsupnebraska>

Nebraska DHHS Injury Prevention Program received grant funding from Nebraska Office of Highway safety to conduct programming aimed at Preventing Distracted Driving Among Teenagers. One local Safe Kids Chapter was awarded some of these funds.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Concussion/TBI awareness and prevention

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program and Brain Injury Association of Nebraska will implement 1 concussion awareness and prevention training and social marketing campaign.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program and Brain Injury Association of Nebraska implemented 2 concussion awareness and prevention training and social marketing campaign.

Reasons for Success or Barriers/Challenges to Success

1. Nebraska DHHS Injury Prevention Program has an excellent partnership with the Brain Injury Association of Nebraska.
2. The Concussion Awareness Act, LB260, was passed by Nebraska State Legislature in 2011. The bill took effect July 2012. This resulted in increased attention brought to the topic of youth sports concussions..
3. Nebraska DHHS Injury Prevention Program contracted with the Brain Injury Association of Nebraska to conduct a media awareness/education campaign about concussions and traumatic brain injuries.
4. Nebraska DHHS Injury Prevention Program contracted with Husker Sports Network to conduct a statewide media awareness/education campaign about concussions and traumatic brain injuries.
5. Husker Sports Network is in their 2nd year of working with Bryan Health Systems to sustain a broader coalition addressing the topic of youth concussions.

Barriers or Challenges to Success

1. Many residents and volunteer coaches are not knowledgeable about the dangers of concussions and do not see the importance of attending a workshop.
2. The coaches who are targeted to attend the workshops are often volunteers with limited time to attend such trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Nebraska DHHS Injury Prevention Program partnered with the Brain Injury Association of Nebraska and utilized the political/public attention associated with the passage of LB260 to recognize the need for a concussion workshop.
2. Safe Kids Lincoln Lancaster County was awarded funding from Nebraska DHHS Injury Prevention Program to conduct 2 sports injury prevention workshops and a radio PSA.

3. Husker Sports Network is in their 2nd year of sustaining a broader coalition to address the topic of concussions. The coalition has contracted with a social media company to strengthen the coalitions social media efforts.
4. Nebraska DHHS Injury Prevention Program maintains a website with concussion education and resources that fulfill the requirements associated with LB 260.
5. Nebraska DHHS Injury Prevention has distributed more than 400 concussion awareness clipboards to coaches across the state.

Activity 1:

Concussion Awareness and Prevention Training

Between 10/2011 and 09/2012, partner with the Brain Injury Association of Nebraska to implement a concussion awareness and prevention training and a social marketing campaign. Other partners will include local/district health departments, Safe Kids chapters, and other community partners such as hospitals.

Activity Status

Completed

Activity Outcome

LB 260, the Concussion Awareness Act, was passed by the Nebraska Legislature in April 2011 and went into effect July 1, 2012. Nebraska DHHS Injury Prevention Program partnered with the Brain Injury Association of Nebraska to conduct a media awareness campaign about LB 260 and traumatic brain injuries. Nebraska DHHS Injury Prevention Program continues to partner with Husker Sports Network to develop and implement a media campaign about LB260 and concussion awareness. The campaign is titled "Heads Up Nebraska" and more information can be found at

<http://www.bryanlgh.com/headsupnebraska>

Nebraska DHHS Injury Prevention Program continues to update and maintain a website with approved concussion training and resources that fulfill the requirements associated with LB 260. <http://dhhs.ne.gov/concussions>

Nebraska DHHS Injury Prevention Program contracted with Nebraska Educational Television to develop and air two public service announcements about concussions. The PSA's were aired during heavily viewed programming times including several University sporting events and will air during the State Football Championships.

Safe Kids Lincoln/Lancaster was awarded funding to conduct two sports safety clinics, develop radio PSA and an educational sports safety video. The clinics will also be aired on the local educational television channel and available via YouTube.

Nebraska DHHS Injury Prevention Program has distributed more than 400 concussion awareness clipboards to coaches across the state. The clipboards are printed with CDC concussion awareness and treatment guidelines.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success

1. Nebraska DHHS Injury Prevention Program has an excellent partnership with the Brain Injury Association of Nebraska.
2. LB 260 took effect July 2012. There was a lot of awareness and momentum statewide about this.
3. Nebraska DHHS Injury Prevention Program contracted with the Brain Injury Association of Nebraska to conduct a media awareness/education campaign about concussions and traumatic brain injuries.
4. Husker Sports has statewide media reach.
5. Nebraska DHHS Injury Prevention Program continues to maintain and update a website with approved concussion training and resources that fulfill the requirements associated with LB 260.
6. Nebraska Educational television has statewide reach and the PSA's were aired during heavily viewed programming.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Nebraska DHHS Injury Prevention Program partnered with the Brain Injury Association of Nebraska and utilized the political/public attention associated with the passage of LB260 to recognize the need for a concussion workshop.
2. The Nebraska DHHS Injury Prevention Program awarded funds to Safe Kids Lincoln Lancaster County to conduct 2 sports injury prevention workshops, a radio PSA and an educational video.
3. Husker Sports is in their 2nd year of maintaining a coalition of local and state entities to broaden the reach and incorporate social media. Bryan Health Systems, a local hospital, has agreed to a 3 year commitment on the project.
4. Nebraska DHHS Injury Prevention Program maintains a website with approved concussion training and resources that fulfill the requirements associated with LB 260.

National Health Objective: 15-20 Child Restraints

State Health Objective(s):

Between 10/2009 and 10/2014, increase observed use of child restraints to 98%.

State Health Objective Status

Not Met

State Health Objective Outcome

This State Health Objective has not yet been achieved as stated in the FY2011 Workplan.

- The observed child restraint use rate for 2008 was 96.8%.
- The observed child restraint use rate declined in 2009 to 95.1%.
- The observed child restraint use rate declined further in 2010 to 91.5%.
- The observed child restraint use rate increased in 2011 to 95.1%.
- The observed child restraint use rate increased in 2012 to 95.9%.

An annual observational survey of child safety seat use in Nebraska's rural and urban counties is conducted between August and September. Among the children observed in the 2012 study, 95.9% were riding in child safety seats/booster seats. This rate is higher than the 2011 rate (95.1%) and markedly higher than the rate observed when this series of surveys began in 1999 (56.2%).

Rural and urban comparisons:

Total observed child restraint use in rural counties increased from 93.0% in 2011 to 96.0% in 2012; urban counties decreased slightly from 96.0% in 2011 to 95.8% in 2012.

In 2012, of the children observed in safety seat/booster seats, only 3.2% were in the front seat, and 96.8% were in the rear seats of the vehicles. In rural counties 96.2% were in the rear, 3.8% in the front seat and in the urban counties 97.1% were in the rear seat and 2.9% in the front seat.

Of the small number of children not in safety belt/booster seats, 81.4% were observed in the rear seat of the vehicles, and 18.6% were in the front seats. The percent of children not in safety seat/booster seats in rural counties riding in the front seat of vehicles was 25%, and in urban counties 16.1%.

(Source: Nebraska Office of Highway Safety).

Successes achieved have resulted from:

1. Maintaining long-standing partnership with the Nebraska Office of Highway Safety.
2. Maintaining effective working relationship with Safe Kids Chapters and Coalitions.
3. Statewide network of car seat fitting/inspection stations.

Barriers/Challenges identified:

1. Child passenger safety technicians must meet recertification criteria every two years to maintain their certification. Nebraska has a recertification rate just above 50%.
2. One Safe Kids chapter lost the support of the lead agency and no longer conducts significant cps activities.

3. Maintaining CPS technicians in rural areas.

The consistent use of approved child passenger restraints reduces risk of injury and death.

During 2011 on Nebraska roadways:

- 2 children ages 0-4 were killed and 317 children were injured;
- 0 child between the age of 5-9 was killed and 425 children were injured; and
- 0 children ages 10-14 were killed and 596 children were injured.

According to Nebraska Crash Outcome Data Evaluation System (CODES) data, when in a motor vehicle crash, unrestrained occupants:

- • Were 16 times more likely to be killed in a crash (1.6% vs. 0.1%)
- • Were 5 times more likely to be treated in hospitals (1.5% vs. 0.3%) and twice more likely to be treated in emergency rooms (11.2% vs. 5.7%)
- • Had twice higher average hospital charges.

For more information on the NDHHS Injury Prevention and Control Program and the Safe Kids:

http://dhhs.ne.gov/publichealth/Pages/hpe_safekids.aspx

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

1. Shift in societal attitude; increase in acceptance of use of seatbelts and child passenger restraints.
2. Implementation of laws related to child passenger restraints.
3. Consistent focus on child passenger safety as a priority topic.
4. Longevity of service of the Injury Prevention Coordinator,
5. Safe Kids Coordinator is a child passenger safety technician.
6. Long-term interest in child passenger safety among advocates for childhood safety, parents and caregivers.

Barriers/Challenges identified:

1. Continuing resistance to the use of child restraints among Nebraska's rural population.
2. Child passenger safety technicians must meet recertification criteria every two years to maintain their certification. Nebraska has a recertification rate just above 50%.
3. One Safe Kids chapter lost the support of the lead agency and no longer conducts significant cps activities.
4. Maintaining CPS technicians in rural areas.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. Explore potential to expand awareness efforts in rural areas of the state.
2. The Nebraska Safe Kids Coordinator has gained a year of experience as a Child Passenger safety technician.
4. Partner organizations promote and defend current child restraint use laws* and work to educate parents and caregivers about the benefits of consistent use.
5. A child passenger safety advocacy course has been developed.

** Nebraska state law requires all children up to age 6 to ride in a federally approved car seat or booster seat that is appropriate for the child's age, height and weight. Children aged 6 to 18 must be in a seat belt if they are not in a booster seat. Nebraska law prohibits children under age 18 from riding in cargo areas in any vehicle. Drivers and front seat passengers must wear a seat belt or be in a child safety seat.*

In a report called "Childhood Injury in Nebraska: 2003 to 2007", published by the NDHHS in May 2010, measures were identified to prevent motor vehicle-related injuries among Nebraska's children: child safety seat distribution and education programs; consistent use of child safety seats or seat belts appropriate to weight and age of the child; mass media campaigns targeted at reducing alcohol-impaired driving; and implementation of strict graduated licensing.

Broader Nebraska Strategies:

Childhood injury is a leading priority of the NDHHS Injury Prevention and Control Program. "Nebraska Injury Prevention and Control Facts 2010: Issue One" declares: Many, if not most, injuries are preventable. Strategies to preventing injuries among children include: (1) parent and caregiver education; (2) proper use of technology, such as child safety seats, home safety devices, and sports equipment, and (3) legislation.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

- Nebraska Office of Highway Safety, part of the Nebraska Department of Motor Vehicles, contributes to child passenger safety efforts by offering \$5000 annual mini-grants to car seat inspection fitting stations. The money is used to purchase car seats.

- Many local Safe Kids chapters build on the financial support provided by Safe Kids Nebraska and leverage funds from local businesses to support their child passenger safety activities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Public Education and Support

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program and partners will provide information and technical assistance in response to requests for best practice programming and effective evaluation methods to 130 Child Passenger Safety Technicians, local public health departments and Safe Kids coalitions and chapters.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program and partners provided information and technical assistance in response to requests for best practice programming and effective evaluation methods to 130 Child Passenger Safety Technicians, local public health departments and Safe Kids coalitions and chapters.

Reasons for Success or Barriers/Challenges to Success

Success assumed to be influenced by:

1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions/Chapters and Child Passenger Safety Technicians.
2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. Recertification rate for CPS Technicians in Nebraska is higher than the national average.

Barriers/Challenges identified:

1. CPS technicians do not always update their profiles on the national CPS Certification website which can make it difficult to disseminate important information to them.
2. One local Safe Kids Program lost support from its lead agency.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. DHHS Safe Kids Nebraska coordinator has extended extra effort in managing the state child passenger safety technician contact list.
2. Safe Kids Nebraska coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.

3. The DHHS Safe Kids Coordinator provided geographically specific child passenger safety technicians lists to local safe kids coordinators to improve recertification rates.

Activity 1:

Public Information

Between 10/2011 and 09/2012,

- Respond to calls from the public, school districts, hospitals or public health departments on questions about child safety seat use and restraint laws on a continuous basis.
- Participate in Child Passenger Safety Week in producing press releases and promoting the national theme to Safe Kids chapters and coalitions, general public, hospitals, public health departments and technicians.

Activity Status

Completed

Activity Outcome

PHHSBG funding was provide to purchase child safety seats for Car Seat Check Events* held during Child Passenger Safety Week.

- Child Safety Seat educational information was distributed to the community upon request.

** Car Seat Check-Up Events are held in public locations, such as shopping center parking lots usually for a period of 3 to 4 hours. Parents and caregivers bring their child's safety seat, motor vehicle, and child to the event. Trained personnel (Child Passenger Safety Technicians) perform an evaluation for all children in the vehicle who are under 13 years old. They check for:*

- Correct selection (the seat the correct size for the child),
- Harnessing (the child correctly secured in the seat),
- Installation (the seat correctly installed in the vehicle), and
- Recalls issued (for a manufacturing defect with the seat).

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions / Chapters and Child Passenger Safety Technicians.
2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. Recertification rate for CPS Technicians in Nebraska is higher than the national average.

Barriers/Challenges identified:

1. CPS technicians do not always update their profiles on the national CPS Certification website which can make it difficult to disseminate important information to them.
2. Eventhough the recertification rate is higher than national average it is at a little higher than 50% and even lower in some rural areas. There is a need to maintain CPST in rural parts of the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. DHHS Safe Kids Nebraska coordinator has extended extra effort in managing the state child passenger safety technician contact list.
2. Safe Kids Nebraska coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.
3. The DHHS Safe Kids Coordinator provided geographically specific child passenger safety technicians lists to local safe kids coordinators to improve recertification rates.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:**Child Passenger Safety Programs**

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program, partners and contractors will increase the rate of observed use of child restraints from 96% to **97%**.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program, partners and contractors increased the rate of observed use of child restraints from 96% to **95.9**.

Reasons for Success or Barriers/Challenges to Success

This State Health Objective has not yet been achieved as stated in the FY2011 Workplan.

- The observed child restraint use rate for 2008 was 96.8%.
- The observed child restraint use rate declined in 2009 to 95.1%.
- The observed child restraint use rate declined further in 2010 to 91.5%.
- The observed child restraint use rate increased in 2011 to 95.1%.
- The observed child restraint use rate increased in 2012 to 95.9%.

An annual observational survey of child safety seat use in Nebraska's rural and urban counties is conducted between August and September. Among the children observed in the 2012 study, 95.9% were riding in child safety seats/booster seats. This rate is higher than the 2011 rate (95.1%) and markedly higher than the rate observed when this series of surveys began in 1999 (56.2%).

Successes assumed to be influenced by:

1. Maintaining long-standing partnership with the Nebraska Office of Highway Safety.

Barriers/Challenges identified:

1. One local Safe Kids program lost support from lead agency. No significant child passenger safety is being done in this service area.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. A child passenger safety advocacy course has been developed.

Activity 1:**Child Passenger Safety Training**

Between 10/2011 and 09/2012,

- Conduct four National Highway Traffic Safety Administration child passenger trainings (contingent upon outside funding).
- Conduct meetings with the Nebraska Child Passenger Safety Advisory Committee to establish a training schedule.

Activity Status

Completed

Activity Outcome

In 2012, Nebraska Child Passenger Safety Advisory meetings were held and 4 training events were held in Scottsbluff, Omaha (2), and Lincoln.

- A total of 69 new technicians were certified during FY2012.
- There are now 362 certified technicians in Nebraska.
- 2 new instructors have been established in Nebraska.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. The long-established relationships between the state-level staff and the Safe Kids chapters and Child Passenger Safety Technicians.
2. Injury Prevention Coordinator is a certified Child Passenger Safety Instructor.
3. There are 20 CPS Instructors in the Nebraska.
4. Recertification rate for Nebraska is higher than the national average.

Barriers/Challenges identified:

1. CPS Technicians do most of their work on a volunteer basis so it can be difficult to recruit residents of Nebraska to become CPS technicians.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. Explore potential to expand awareness efforts in rural areas of the state.
2. Partner organizations promote and defend current child restraint use laws and work to educate parents and caregivers about the benefits of consistent use.
3. Safe Kids Nebraska coordinator has explored other social media forms to communicate with the CPS technicians, instructors and other stakeholders involved in the child passenger safety program.

Activity 2:

Technical Assistance

Between 10/2011 and 09/2012,

- Provide technical assistance to Child Passenger Safety Technicians to conduct child passenger advocacy trainings to communities across the state.
- Provide technical support to over 400 Child Passenger Safety Technicians through newsletters, e-mail lists, mailings, technical updates and grant funding.
- Provide a minimum of 10 mini-grants to local technicians to conduct child passenger safety seat checks in their communities.

Activity Status

Completed

Activity Outcome

In 2012, more than 60 Child Passenger Safety events were held across the state. NDHHS sponsored events in the following communities: Scottsbluff, Fairbury, Superior, Fremont, Sidney, Hastings, Palmer, Burwell, Geneva, Lincoln, Spencer, West Point and provided technical assistance to these events when needed. More than 250 child safety seats were checked and approximately 100 Child Passenger Safety Seats were distributed through 12 mini-grants awarded by NDHHS.

Reasons for Success or Barriers/Challenges to Success

Successes assumed to be influenced by:

1. The long-established working relationships between the state-level staff and the Safe Kids Coalitions / Chapters and Child Passenger Safety Technicians,
2. The NDHHS Injury Prevention Coordinator is a Child Passenger Safety Instructor and the Safe Kids Coordinator is a Child Passenger Safety (CPS) Technician.
3. Recertification rate for CPS Technicians in Nebraska is higher than the national average.
4. Nebraska Safe Kids has a network of 14 local chapters that are well connected in their local communities.

These local relationships influence volunteerism that makes the child passenger safety program and car seat check up events successful.

Barriers/Challenges identified:

1. Some rural areas lack CPS Technicians with sufficient experience to meet the criteria for obtaining funds to hold check-up events.

2. One local safe Kids program lost support from its lead agency.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. The local safe Kids program is attempting to establish a new lead agency.

Activity 3:

Develop and implement child passenger safety training for child care providers.

Between 10/2011 and 09/2012,

- Develop a Child Passenger Safety training for child care providers to meet the requirements of potential new statewide child care licensing regulations.
- Provide technical assistance to Child Passenger Safety technicians who will implement the training in their local communities.
- Provide technical assistance to child care providers related to new licensing regulations and child passenger safety.

Activity Status

Not Completed

Activity Outcome

- A child passenger safety advocacy course has been developed.

Barriers:

The new day care regulations have not been passed.

Reasons for Success or Barriers/Challenges to Success

Reasons for success:

1. Nebraska DHHS Injury Prevention Program contracted with one of the states CPS Instructors to develop the advocacy training.
2. The long-established working relationships between the state-level staff and the Safe Kids Coalitions / Chapters and Child Passenger Safety Technicians,

Strategies specific to identified Barriers/Challenges:

1. Some rural areas lack CPS Technicians with sufficient experience to conduct the training.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Nebraska DHHS Injury Prevention Program contracted with one of the states CPS Instructors to develop the advocacy training.
2. The long-established working relationships between the state-level staff and the Safe Kids Coalitions / Chapters and Child Passenger Safety Technicians.
3. There are more than 300 CPS technicians across the state to implement the training when new regulations pass.

National Health Objective: 15-27 Falls

State Health Objective(s):

Between 10/2010 and 09/2015, reduce the age adjusted death and injury rates from falls to:

- Less than 7.7 deaths per 100,000 Nebraskans.
- Less than 226.5 hospitalizations per 100,000 Nebraskans.
- Less than 1,859 emergency department (ED) visits per 100,000 Nebraskans.

State Health Objective Status

In Progress

State Health Objective Outcome

The two age groups with the highest rates of death and injury due to falls are the elderly and children.

- • In Nebraska, falls remain the leading cause of all injury hospitalizations and outpatient treatment.
- • Falls remain the second leading cause of unintentional injury deaths.
- • Falls were the leading cause of injury-related hospital visits among Nebraska youth under 20 years old. There were a total of 3 deaths and 62,535 hospital visits from 2003 to 2007.
- • From 2004 to 2008, the age-adjusted death rate due to unintentional fall injuries was 7.7 per 100,000 Nebraskans. Such deaths were most common among adults aged 85 years and older (202 per 100,000 persons). Among adults aged 75 years and older, death rates due to unintentional fall injuries were higher for males than for females (76 per 100,000 males vs. 47 per 100,000 females among adults aged 75-84 years old; 227 per 100,000 males vs. 192 per 100,000 females among adults aged 85 years and older).

Impact and activity objectives for FY2011, developed to reduce falls, were all met.

For more information on the NDHHS Injury Prevention and Control Program's reports on falls:

http://dhhs.ne.gov/publichealth/Pages/hew_hpe_injury_index.aspx

Reasons for Success or Barriers/Challenges to Success

1. The good working relationships between the staff of the NDHHS Injury Program and the local health departments.
2. Increasing interest among advocates for fall prevention.

Barriers/Challenges identified:

1. Lack of understanding among general population about the cost to society resulting from falls and low expectations for efficacy of interventions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies specific to identified Barriers/Challenges:

1. Explore potential to strengthen awareness efforts in across the state.

Strategies identified in the Nebraska Injury Prevention and Control Facts 2010 • Issue 3:

Measures to prevent fall related injuries in children include adult supervision near fall hazards (e.g. stairs, playgrounds); installing home safety devices, such as window guards and stair gates; and wearing bicycle helmets and protective sports equipment

The Injury Surveillance staff prepared a report on older adult falls which further established the need develop falls prevention programming and to target the programming. Data from this report was presented, as well as best practice strategies to address older adult falls.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

The NDHHS receives about \$125,000 from other federal funding sources, a portion of which supports Injury Prevention Coordinator who also works on falls prevention activities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Older Adult Falls

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program, partners and contractors will provide education on the scope of the older adult falls problem in Nebraska and provide evidence-based practices to address the problem to 25 public health and community partners.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program, partners and contractors provided education on the scope of the older adult falls problem in Nebraska and provide evidence-based practices to address the problem to 25 public health and community partners.

Reasons for Success or Barriers/Challenges to Success

Between 10/2011 and 09/2012, Injury Prevention Program, partners, and contractors provided education on the scope of the older adult falls problem in Nebraska and evidence-based practices to address the problem to 25 public health and community partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

Success assumed to be influenced by:

- • • The good working relationship with local advocates for older adult injury prevention.

Activity 1:

Older Adult Falls Coalition Meetings

Between 10/2011 and 09/2012, provide education on the scope of the problem of older adult falls in Nebraska and evidence-based prevention strategies to public health partners and other community partners by presentations at Falls Coalition Meetings.

Activity Status

Completed

Activity Outcome

Activities planned for National Older Adult Falls Prevention Day, September 22, 2012, included media releases and prevention materials provided to local senior centers and other community groups.

The Injury Prevention Program has included a member of the Older Adult Falls Coalition on the Injury Community Planning Group. This will facilitate additional activities.

Reasons for Success or Barriers/Challenges to Success

Fall prevention materials were very well received by the local senior centers. These included bookmarks and placemats which were created with materials adapted from CDC materials. Materials were also distributed at community events.

Strategies to Achieve Success or Overcome Barriers/Challenges

The availability of fall prevention materials.

Several Falls Coalition members were very involved in planning and took the lead in providing materials at local/community events.

Activity 2:

Older Adult Falls Day

Between 10/2011 and 09/2012, provide education on older adult falls prevention by participating in the National Older Adult Falls Prevention Day (activities include local community events and media releases).

Activity Status

Completed

Activity Outcome

Activities planned for National Older Adult Falls Prevention Day, September 22, 2012, included media releases and prevention materials provided to local senior centers and other community groups.

Events were also held locally, including activities at a local senior center and Tai Chi demonstrations.

Reasons for Success or Barriers/Challenges to Success

Fall prevention materials were very well received by the local senior centers. These included bookmarks and placemats which were created with materials adapted from CDC materials. Materials were also distributed at community events.

Strategies to Achieve Success or Overcome Barriers/Challenges

The availability of a contractor facilitated development and distribution of the fall prevention materials. Several Falls Coalition members were very involved in planning and took the lead in providing materials at local/community events.

Impact/Process Objective 2:**Tai Chi Training**

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program will provide Tai Chi instructor training and Tai Chi instructor update training to 35 community Tai Chi instructors.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program provided Tai Chi instructor training and Tai Chi instructor update training to 49 community Tai Chi instructors.

Reasons for Success or Barriers/Challenges to Success

Interest in Tai Chi has steadily increased as the program has been implemented in the state. Several local health departments have been very successful in using community champions to promote the program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local champions in the communities where Tai Chi has been implemented have increased interest and utilization of the program.

Activity 1:**Tai Chi Instructor Training**

Between 10/2011 and 09/2012, conduct Tai Chi training and Tai Chi update training for new and current Tai Chi instructors.

Activity Status

Completed

Activity Outcome

One Tai Chi Instructor class was held in October, 2011. An update class was held in July, 2012.

Reasons for Success or Barriers/Challenges to Success

The instructor class and the update training were both well attended; feedback was very positive.

Strategies to Achieve Success or Overcome Barriers/Challenges

Previous training had created interest in the Tai Chi Program. The commitment of the local health departments and their ability to collaborate with community partners has been a big factor in the success of this program. Another factor has been our ability to use an experienced Tai Chi instructor to provide technical assistance and support.

Activity 2:

Tai Chi Instructor Development

Between 10/2011 and 09/2012, enhance Tai Chi instructor development through the use of technical assistance and site visits provided by a Tai Chi consultant.

Activity Status

Completed

Activity Outcome

Technical assistance and site visits were provided by the Tai Chi Consultant; each site received a minimum of two site visits. Instructor development/support sessions were also held.

Reasons for Success or Barriers/Challenges to Success

An experienced Tai Chi Instructor conducted site visits with each of the sites that are implementing Tai Chi. She used a "Fidelity checklist" to document feedback to instructors.

Strategies to Achieve Success or Overcome Barriers/Challenges

Providing technical assistance to instructors who are implementing the program has been valuable in both improving instructor skills as well helping them troubleshoot implementation issues. We are fortunate to have an experienced instructor who has worked with the Master Trainer who is local to Nebraska.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Older Adult Fall Prevention

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program, public health departments, community partners and contractors will implement **18** Tai Chi classes in their communities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS Injury Prevention Program, public health departments, community partners and contractors implemented **19** Tai Chi classes in their communities.

Reasons for Success or Barriers/Challenges to Success

Five local health departments worked with local partners to implement a total of 19 Tai Chi classes in the communities they serve. Feedback from participants was very positive.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partnerships in the communities was key to success in the implementation of the program. The local Area Agency on Aging and a local hospital/wellness center were examples of partners that were utilized.

Activity 1:

Program Development and Maintenance

Between 10/2011 and 09/2012,

- Provide public health departments and community partners with training and resources to conduct Tai Chi classes in their communities.
- Develop evaluation tools to measure the effectiveness of the Tai Chi program through formative or

process evaluation.

- Collaborate with state agencies and local health departments on reducing older adult falls.

Activity Status

Completed

Activity Outcome

Tai Chi training was held in October 2011 to train new instructors; an update class was held in July 2012 to update current instructors. Evaluation tools, including participant attendance sheets, pre and post participant questionnaires, and pre and post clinical assessments were provided to the sites that were implementing the program. Site visits by the Tai Chi consultant and the Injury Prevention Program coordinator were also part of evaluation efforts.

Reasons for Success or Barriers/Challenges to Success

The use of the Tai Chi consultant has proved to be invaluable. The evaluation tools were very useful in quantifying results; those results were also provided back to the local programs that had done the implementation.

Sites were encouraged to partner with physical therapists to administer the clinical assessments. This also helped to foster additional partnerships.

Strategies to Achieve Success or Overcome Barriers/Challenges

The evaluation tools provided us with valuable feedback as well as lessons learned. The clinical assessments and questionnaires provided concrete data on the effectiveness of the program, while the site visits gave us valuable information on issues surrounding implementation and sustainability.

National Health Objective: 15-35 Rape or Attempted Rape

State Health Objective(s):

Between 10/2011 and 09/2016, **the percent of total respondents who report that they were forced to have sex when they did not want to will decrease to 8% using the Youth Risk Behavior Survey.**

The Nebraska Domestic Violence/Sexual Assault Coalition (NDVSAC) chose to continue to use the Youth Risk Behavior Survey as the data source. The long term goal is for youth ages 11-17 to show an increased knowledge of the characteristics of healthy relationships and of the bystander approach and a decrease in the number of youth ages 11-18 who support sexually violent attitudes (Sexual Violence Prevention Plan of Nebraska, 2010).

The National Intimate Partner and Sexual Violence Surveillance System developed by the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC), in collaboration with the National Institutes of Justice (NIJ), and the Department of Defense (DoD) report was released 12-15-11. The report will be used to modify or enhance the plan as needed.

State Health Objective Status

Met

State Health Objective Outcome

8 % of the 3,832 YRBS respondents reported that someone forced them to have sex when they did not want to (YRBS, 2011)

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

Not Applicable

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

The PHHS Block Grant funds are used to support the NE Sexual Assault Prevention Plan and the efforts of the Rape Prevention and Education grant.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Sexual Assault Primary Prevention**

Between 10/2011 and 04/2012, Nebraska Domestic Violence Sexual Assault Coalition will update 1 state level multi-component primary prevention campaign.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 04/2012, Nebraska Domestic Violence Sexual Assault Coalition updated 1 state level multi-component primary prevention campaign.

Reasons for Success or Barriers/Challenges to Success

The NDVSAC created and distributed two public service announcements to local programs in 2012, one for Sexual Assault Awareness Month and one for Domestic Violence Awareness Month. During this time, the NDVSAC sent awareness campaign packets to programs for Domestic Violence Awareness Month (2011 and 2012), Stalking Awareness Month (2012), and Sexual Assault Awareness Month (2012). Materials focused on bystander engagement theory, prompting the public to step up and speak out against violence. The NDVSAC also contracted with a consultant to implement updates to the Step Up Speak Out (SUSO) website.

Gaining buy-in from local programs continues to be an ongoing challenge, particularly given the diverse needs and contexts of multiple communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

This year, the NDVSAC began working more closely with programs to seek their input and feedback on the SUSO campaign and incorporate that information into campaign materials. However, programs still report not feeling ownership over the campaign and some are reluctant to use a statewide message in their local communities out of concern that the message was not tailored to their specific audience. The NDVSAC and local programs decided to reevaluate the statewide campaign in the coming year to create a more unified and joint effort that will result in a message and plan that is applicable for all

Activity 1:**Update the multi-component plan**

Between 10/2011 and 03/2012,

- The Nebraska Sexual Violence Prevention Plan targets youth ages eleven to seventeen.
- The "Step Up, Speak Out" (SUSO) Campaign was created to reach this audience.
- Nebraska Domestic Violence/Sexual Assault Coalition (NDVSAC) and Perfect Eleven, a public relations

and marketing firm, will continue and make improvements to the campaign.

- The Prevention Coordinator from NDVSAC and Perfect Eleven will collaborate with the local programs to update the plan components and the materials that are used.
- The SUSO campaign will maintain Facebook, Twitter and YouTube to leverage communication and promotion of the campaign.

Activity Status

Completed

Activity Outcome

The NDVSAC contracted with a consultant to update the SUSO website. The NDVSAC Prevention Coordinator posted new items on the SUSO Facebook page and Twitter account daily. In some cases, these messages were adapted and used by the local domestic violence/sexual assault programs as well as other national organizations in the field. The Coalition collaborated with Perfect Eleven to update two brochures aimed at young adults - a healthy relationships brochure and a brochure focused on engaging men. Perfect Eleven also created a YouTube account in preparation for a youth video contest that the NDVSAC is sponsoring, and the NDVSAC has posted existing campaign media on the SUSO YouTube channel in the meantime. The NDVSAC Director and Prevention Coordinator met with the Directors of the local programs to share information about the statewide prevention plan and the SUSO campaign and to gather feedback from Directors. It was mutually decided that the NDVSAC and local programs would reevaluate and revise the prevention plan in the coming year.

Reasons for Success or Barriers/Challenges to Success

Due to a change in Prevention Coordinator staff, the youth video contest was delayed. The project was revamped to encourage local programs to partner with local schools in engaging students to create videos on healthy relationships. The project was announced in September 2012, applications received later that month, and participating schools selected in early October 2012. Videos will not be posted on YouTube until February 2013, in conjunction with Dating Violence Awareness Month. Last, as mentioned previously, the NDVSAC and local programs have decided that the statewide prevention plan is not currently meeting the diverse needs of local programs throughout the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

The NDVSAC and local programs will reevaluate and revise the plan in the coming year.

Activity 2:

Youth Advisory Panel

Between 10/2011 and 03/2012, NDVSAC will develop a plan for a Youth Advisory Panel with the input of programs. The plan will include a purpose and schedule to discuss issues of preventing violence in teen relationships.

Activity Status

Not Completed

Activity Outcome

The NDVSAC and local programs identified the primary purpose of this council as providing the network with feedback on the SUSO campaign components and helping craft campaign activities and messages that resonate with young adults. Initially, the NDVSAC recruited a volunteer to assist with building this initiative. However, the volunteer is no longer with the Coalition and due to a change in Prevention Coordinator staff, efforts were temporarily halted.

Reasons for Success or Barriers/Challenges to Success

There was a transition in the Prevention Coordinator position at the end of October 2011, an Interim Coordinator assisted to continue the project from November 2011 to March 2012, and then the position became open. The new and current Prevention Coordinator was not hired until June 2012. This created delays in the creation of a youth panel. Additionally, the NDVSAC and local programs discussed the

feasibility of a formal youth advisory council in lieu of the recent economic climate. Mileage reimbursement, meeting room fees, and other costs may impede the success of this outcome.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coalition and the local programs will reevaluate and plan our goals in the coming year and may move forward on this particular activity depending on the outcome of that planning process.

Impact/Process Objective 2:

Implement the sexual assault primary prevention campaign

Between 10/2011 and 09/2012, NDVSAC will implement 1 statewide campaign.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDVSAC implemented 1 statewide campaign.

Reasons for Success or Barriers/Challenges to Success

See barrier/challenges to success listed in Impact/Process Objective 1. In addition, the primary prevention needs of the local programs vary across the state, making a statewide campaign with one unified message somewhat difficult.

Strategies to Achieve Success or Overcome Barriers/Challenges

The NDVSAC updated existing campaign publications, including the healthy relationships and engaging men brochures, the domestic violence awareness poster, and campaign giveaways (such as flashdrives, hand sanitizers, and notepads). The NDVSAC also created and distributed two public service announcements – one for Sexual Assault Awareness Month (2012) and the other for Domestic Violence Awareness Month (2012). These materials were distributed to programs to use within their local communities. However, the NDVSAC also developed and provided resources (such as the awareness campaign materials mentioned in Impact/Process Objective 1) that the local programs could tailor to fit within their particular community. In this way, the NDVSAC can continue to serve as a resource and provide campaign materials that the local programs would feel comfortable using in their own communities, until the NDVSAC and programs can pause to reevaluate and revise their efforts in the coming year.

Activity 1:

Media Component

Between 10/2011 and 09/2012, NDVSAC will contract with both Perfect Eleven and Infinity promotions for the public service announcements and give-aways. NDVSAC received feedback from the programs that they would like pre-recorded PSAs rather than having scripts provided to them to record. The programs would like pre-recorded PSAs for the three designated campaigns of Domestic Violence Awareness Month, Sexual Assault Awareness Month and Stalking Awareness Month.

The NDVSAC Prevention Coordinator will serve as a resource to the network of local programs across Nebraska in implementing the campaign. The NDVSAC Prevention Coordinator will schedule quarterly feedback opportunities so that the plan can be updated as needed.

NDVSAC intends to provide the programs with give-aways that will promote visits to the SUSO website. Flashdrives and hand sanitizers were selected because they can be attached to backpacks, purses, and keychains and they can all be imprinted with the full color SUSO logo to promote the SUSO website. NDVSAC intends to have the flashdrives pre-loaded with SUSO materials for follow-up/dosage of the message. Infinity promotions has provided price quotes for flashdrives and hand sanitizers.

Using the equipment purchased during the last grant period, NDVSAC will promote a joint application by the local program and school to create a 30 second video public service announcement. If selected and the video PSA is completed, the local school would receive the video equipment or editing software. The

NDVSAC Prevention Coordinator, along with the programs, will identify at least three (3) talking points that are required in the video. With approval, the videos will be uploaded on the local agency website, SUSO website and YouTube. This will give the youth a chance to participate in a community/agency service project by creating a video and message that would appeal to their peers. The first video opportunity is planned for April which is Sexual Assault Awareness Month.

Activity Status

Not Completed

Activity Outcome

Many components of this goal have been completed. PSAs were developed and distributed to the local programs and used in conjunction with Sexual Assault Awareness Month (April) and Domestic Violence Awareness Month (October). Programs used national messaging for national Stalking Awareness Month in January. A variety of give-away/promotional items were distributed across the state for use with Teen Dating Violence Prevention Month (February) and Domestic Violence Awareness Month (October). These items included flashdrives, hand sanitizers, bracelets, buttons, notepads, notebooks, posters, and brochures. The materials link to the SUSO campaign and drive youth to the SUSO website where more information about healthy relationships and bystander engagement is available. The SUSO Facebook page and Twitter account is updated on a regular basis and includes information about healthy relationships and engaging bystanders. The two brochures specifically related to SUSO were updated and reprinted (Healthy Relationships and Engaging Men). The video contest for 30 second PSAs in the school system was just recently launched. The NDVSAC will receive its first batch of videos in January 2013.

Reasons for Success or Barriers/Challenges to Success

Changes in staff led to some temporary delays with the video project, however the project has since been resumed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Working with the local domestic violence/sexual assault programs continues to be the primary method to addressing barriers and gathering feedback regarding best methods for implementing the statewide prevention plan. The NDVSAC works with programs in an ongoing manner.

Activity 2:

Social Marketing Component

Between 10/2011 and 09/2012, based on the premise that youth utilize social networking sites, NDVSAC has created the SUSO website to engage youth and to provide parents, teachers and community members about bystander engagement and healthy relationships.

NDVSAC will update the SUSO website at least monthly to:

- a. attract new hits and traffic to the website.
- b. provide education about the engaging bystanders in sexual violence prevention.
- c. include information about the available services at their local programs.

To complement the SUSO website, NDVSAC will maintain Facebook, Twitter, and YouTube SUSO specific pages that will provide additional dosage of the information about the bystander approach.

Effectiveness of this component is measured by number of site visits and followers.

During the first year, the number of "hits" to the site that was launched 2-24-11 was 704 unique visitors from the United States. The average time on the site is 4:59 minutes.

Facebook: 27 likes.

Twitter: 47 followers.

Goals for next year:
1500 unique visitors from the United States.
Facebook: 50 likes.
Twitter: 150 followers.

Activity Status

Completed

Activity Outcome

The Coalition contracted with a consultant to implement updates to the SUSO website. There were 1,737 unique visitors to the website during this reporting period. The Prevention Coordinator continues to post new items on the Coalition's Facebook page and Twitter account. Eighty-five people "like" the SUSO Facebook page and 65 people "follow" SUSO on Twitter at the end of this reporting period.

Reasons for Success or Barriers/Challenges to Success

Due to changes in the Prevention Coordinator position, there was a pause in the SUSO's Facebook and Twitter activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

The NDVSAC has since hired a new Prevention Coordinator who makes daily posts on Facebook and Twitter. The Coordinator has also received training on updating the SUSO website.

Activity 3:

Face-to-Face presentations to youth

Between 10/2011 and 09/2012, NDVSAC Prevention Coordinator, along with local programs, will either create or select a tool to measure knowledge of the engaging bystander approach, the SUSO website, healthy relationships and attitudes about sexual violence.

Programs will use the "Reaching and Teaching Teens" curriculum which includes engaging bystanders information as an additional prevention campaign method.

NDVSAC will reprint the "Engaging Men and Boys" and the "Healthy Relationships" brochures.

NDVASC Prevention Coordinator will provide oversight and implement the project.

Local programs will provide presentations; distribute brochures, hand sanitizers, flashdrives and use the outcome questionnaire to measure changes in knowledge from prior to the presentation and after the presentation.

Activity Status

Not Completed

Activity Outcome

The identification or development of tools to measure participants' knowledge on healthy relationships, their attitudes about sexual violence, and their skills in intervening (e.g., the bystander approach) was in the works prior to the Interim Coordinator leaving the NDVSAC in March 2012; however, it was not completed. The new Prevention Coordinator will resume this project and has already met with the program representatives who were serving on the committee to this initiative to catch up to speed.

Local programs continue to use the Reaching and Teaching Teens curriculum in their school presentations. The NDVSAC distributed brochures and other promotional items to the local programs in February and September and in response to program requests for additional items or material. The NDVSAC provided information and assistance to local programs via formal trainings, webinars, and otherwise, as requested during the reporting period.

Reasons for Success or Barriers/Challenges to Success

Obtaining consensus from programs on the tools to measuring participant knowledge has been a challenge. The goal was to develop a pre-and post-test in order to measure the outcome of the presentation, but due to transition in the Prevention Coordinator position this was not accomplished.

Strategies to Achieve Success or Overcome Barriers/Challenges

Open communication between the NDVSAC and local programs about the project goals and ongoing solicitation of feedback from the programs has been an effective strategy in overcoming barriers and challenges. Primary prevention remains a topic on the agenda for the quarterly meetings with the programs and the new Prevention Coordinator will be working directly with program representatives on the evaluation initiative.

Activity 4:**Youth Advisory Panel**

Between 02/2012 and 09/2012, based on the recommendations of the Youth Advisory Panel, an action plan will be developed.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

There was a transition in the Prevention Coordinator position at the end of October 2011, an Interim Coordinator assisted to continue the project from November 2011 to March 2012, and then the position became open. The new and current Prevention Coordinator was not hired until June 2012. This created delays in the creation of a youth panel. Additionally, the NDVSAC and local programs discussed the feasibility of a formal youth advisory council in lieu of the recent economic climate. Mileage reimbursement, meeting room fees, and other costs may impede the success of this outcome.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coalition and the local programs will reevaluate and plan our goals in the coming year and may move forward on this particular activity depending on the outcome of that planning process.

National Health Objective: 18-1 Suicide**State Health Objective(s):**

Between 10/2009 and 09/2014, reduce the suicide rate to no more than 8.2 per 100,000 population in Nebraska.

State Health Objective Status

In Progress

State Health Objective Outcome

Activities in suicide prevention continue to be carried out through the Garret Lee Smith Youth Suicide Prevention grant. Minigrants have been awarded to community coalitions to address suicide. QPR (Question, Persuade, Refer) training has been implemented across the state.

Reasons for Success or Barriers/Challenges to Success

Several community coalitions have been developed and have remained very active. These groups have been able to utilize opportunities through the Garret Lee Smith grant to carry out awareness activities and QPR training.

Strategies to Achieve Success or Overcome Barriers/Challenges

Support for the community coalitions has been provided by the Nebraska State Suicide Coalition as well as the Suicide Prevention Coordinator. The Coalition has been successful because of the collaborative efforts of the partners involved including DHHS, BryanLGH Medical Center, the UNL Public Policy Center, survivors, representatives from the military, law enforcement, and mental health.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHS Block Grant funds have been utilized for Suicide Prevention efforts to build collaborative partnerships. This collaboration has resulted in Nebraska's successful application for the SAMHSA Garrett Lee Smith funds for youth suicide prevention in the amount of \$500,000/year for three years.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 4 – Mobilize Partnerships****Impact/Process Objective 1:****Suicide Prevention**

Between 10/2011 and 09/2012, the NDHHS Injury Prevention Program, in collaboration with the Nebraska Suicide Prevention Coalition and Interchurch Ministries of Nebraska will conduct one suicide prevention training.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the NDHHS Injury Prevention Program, in collaboration with the Nebraska Suicide Prevention Coalition and Interchurch Ministries of Nebraska conducted 1 suicide prevention training.

Reasons for Success or Barriers/Challenges to Success

The LOSS (Local Outreach to Suicide Survivors) was held on May 31- June1, 2012. Approximately 125 individuals attended; it was very successful.

Strategies to Achieve Success or Overcome Barriers/Challenges

The partnerships between the Suicide Prevention Coalition, which include a variety of members from hospitals, agencies and DHHS and the Interchurch Ministries was a key factor in the success of this conference

Activity 1:**Suicide Prevention Training**

Between 10/2011 and 09/2012, collaborate with the Suicide Prevention Coalition and Interchurch Ministries of Nebraska to plan and conduct one Suicide Prevention Summit.

Activity Status

Completed

Activity Outcome

A LOSS conference was held on May 31 - June1, 2012, in Lincoln, NE. Approximately 125 individuals attended, including mental health professionals, survivors, and community agency staff. The main speaker was Frank Campbell from Baton Rouge, LA. His background includes over 20 years of work with suicide survivors and in suicide prevention.

Reasons for Success or Barriers/Challenges to Success

The conference was very successful and fostered the growth of several local suicide prevention coalitions. Day two of the conference was specifically training for LOSS team members.

Strategies to Achieve Success or Overcome Barriers/Challenges

The collaboration between the Suicide Coalition and Interchurch Ministries was key to the success of the conference. Bryan LGH Medical Center hosted the conference.

State Program Title: WORKSITE WELLNESS PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded *Worksite Wellness Program* is dedicated to improving the overall health of Nebraska adults through their places of employment.

Health Priorities: Building capacity to provide data-driven, comprehensive worksite health promotion services statewide.

Primary Strategic Partners: Local worksite wellness councils (WorkWell and WELCOM), local health and human services agencies, hospitals, state government, local health coalitions, public schools, universities and colleges, Nebraska Sports Council, and local health departments.

Evaluation Methodology: Tracking changes in health status data, data from LiveWell health assessment survey, reports from participating businesses on changes in health care and insurance costs, and aggregate biometric data obtained from employees.

National Health Objective: 7-5 Worksite Health Promotion Programs

State Health Objective(s):

Between 10/2011 and 09/2016, maintain support for worksite health promotion in Nebraska, building capacity to conduct evidence-based health promotion activities for workers and document improvement in health status of workers.

State Health Objective Status

In Progress

State Health Objective Outcome

Our State Health Objective is moving strongly toward being accomplished because of the accomplishment of the Impact Objectives. Building worksite wellness across the state has been facilitated by the development of worksite wellness councils and by the engagement of local health departments. The spotlight has been aimed at companies which have robust worksite wellness programs at their workplaces through the continuation of the Governors Worksite Wellness Award.

Promoted the development of **two local worksite wellness councils** using Preventive Health and Health Services (PHHS) Block Grant funds.

a) **WorkWell:**

- Initiated and operated by the Lincoln-Lancaster County Health Department from 1986 to 2012. (Total subawards during those 26 years was \$556,300) (Final year subaward \$45,000)
- Beginning in October 2012, WorkWell is partnering with the Nebraska Safety Council in Lincoln. (Current subaward \$45,000)
- 107 member businesses; 71,000 employees (estimated)

b) **Panhandle Worksite Wellness Council:**

- Operated by the Panhandle Public Health Department. (Current subaward \$38,000)
- Council launched in 2010.
- 37 member businesses; 240,000 employees (estimated)

Governor's Wellness Award (formerly called the Governor's Excellence in Wellness Award)

- Developed through a contract with the Lincoln-Lancaster County Health Department.
- Established to encourage Nebraska Businesses to commit to improving their employees' health. Criteria

were developed based on evidence based best practice in worksite wellness and there are two levels of award. The Sower Award recognizes businesses that have established quality wellness programs. The Grower Award steps up the level and honors businesses demonstrating significant improvement in employee health status through their wellness programs. Both levels are open to large and small businesses.

- A total of 153 awards have been made during the first 5 years; 38 in 2008, 28 in 2009, 33 in 2010, 28 in 2011, and 26 in 2012.
- It should be noted that the 153 total contains some duplicate companies, since the award is good for 3 years; businesses that received the award in 2008 were eligible to re-qualify for the award in 2011; businesses that received the award in 2009 eligible to re-qualify in 2012. Also, businesses receiving the Sower Award can apply for the Grower Award without waiting for three years.
- Recognized in July 2011 by U.S. Department of Health and Human Services as one of three finalists in the Healthy Living Innovation Award, Public Sector category.

LiveWell Survey – a health risk assessment designed for use at worksites

- Developed in 2006 with funding from the National Governor's Association and refined using PHHS Block Grant funds through a contract with the Lincoln-Lancaster County Health Department/WorkWell.
- Questions align with the Behavioral Risk Factor Surveillance System (BRFSS) to allow for benchmarking against local, state and national normative data.
- Available in English and Spanish.
- Hosted by Nebraska.gov since August 2010.
- During 2011, a total of 3,535 employees of Nebraska businesses took the LiveWell survey.
- Aggregate survey results not only allow businesses to plan for interventions that improve the health of their employees, but also serve the NDHHS as a measure of progress resulting from overall the worksite wellness program.

Worksite Wellness Toolkit – to help businesses implement worksite wellness

- Being developed through a contract with Lincoln-Lancaster County Health Department.
- Supported jointly by funds from the Nutrition and Activity for Health Program and the PHHS Block Grant. (Current subaward \$33,700)
- Will be accessible through NDHHS Website and as a paper document.
- Projected release mid-2013.

Healthy Communities Projects – multiple NDHHS programs jointly fund projects within Local Health Departments, several of which focus on worksite wellness.

- PHHS Block Grant funds have supported a substantial portion of the Healthy Communities effort over the past 5 years (Current share of total worksite subaward cost is \$100,000)

Reasons for Success or Barriers/Challenges to Success

(+) The Department has invested in worksite wellness for more than 20 years.

(-) Securing sufficient support to assure sustainability in spite of economic conditions for the businesses of the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Organize worksite wellness councils and encourage local health departments to get involved in helping their local businesses to start or grow their own worksite wellness programs.

(-) Provide data about benefits and evidence-based models to local businesses to make the case for

investing now in worksite wellness to "do the right thing" take care of employees health. Carefully planned and run worksite wellness programs can lead to reduced costs of retention/retaining, as well as happier healthier employees.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Worksites across the state invest their own resources in developing worksite wellness programs with encouragement of a very modest investment of PHHSBG funds.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Worksite Wellness Capacity

Between 10/2011 and 09/2012, NDHHS staff and subawardees and contractors will develop 130 worksites actively engaged in worksite health promotion activities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS staff and subawardees and contractors developed 144 worksites actively engaged in worksite health promotion activities.

Reasons for Success or Barriers/Challenges to Success

(+) Experienced staff at the state and local level working on developing worksite councils, arranging training for local health agencies on worksite wellness facilitation.

(-) Practical business owners/managers need convincing of the value of worksite wellness.

(-) Need models for small as well as large businesses.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Take advantage of long-term expertise of local health department and wellness council staff.

(-) Help worksite wellness councils to help provide models and guidelines to local businesses.

Activity 1:

Training and Technical Assistance

Between 10/2011 and 09/2012, provide technical assistance and training to at least 120 worksites.

Activity Status

Completed

Activity Outcome

Provided training directly or through contracting two local health departments (Lincoln-Lancaster County Health Department and Panhandle District Health Department) that operated a worksite wellness councils.

Reasons for Success or Barriers/Challenges to Success

(+) Expertise of worksite wellness council staff in providing written materials, newsletters, monthly training sessions, web based resources and in person technical assistance.

(+) Departure of veteran staff from the the Lincoln Lancaster County Health Department and the decision

of WorkWell to form a new partnership with the Nebraska Safety Council.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Build capacity among rural local health departments; encourage local health departments to get training and get engaged in facilitating worksite wellness development.

(-) Encourage succession planning and maintenance of continuity of staff as WorkWell transitions to the Nebraska Safety Council.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Active Participation

Between 10/2011 and 09/2012, NDHHS staff and contractor will provide opportunities to participate in at least two challenge activities, individually or as a member of a team, to **1,000** State employees.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, NDHHS staff and contractor provided opportunities to participate in at least two challenge activities, individually or as a member of a team, to **1582** State employees.

Reasons for Success or Barriers/Challenges to Success

The Health Promotion Unit entered into a contract with the Nebraska Sports Council to encourage state employees to participate in Live Healthy Nebraska during two challenge periods, fall 2011 (6 week challenge) and spring 2012 (100 day challenge).

The challenges allowed state employees to form teams for mutual encouragement and good-natured competition in the areas of weight loss and physical activity.

(+) Expertise of Nebraska Sports Council in operating the challenge program.

(-) Potential confusion among state employees about whether participation in this challenge counted towards qualifying for state wellness insurance, which it did not.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Contract with Nebraska Sports Council and track teams on line.

(-) Issue disclaimer, clarifying the separation between the NDHHS wellness activities and the Department of Administrative Services wellness insurance activities,

Activity 1:

Live Healthy Nebraska

Between 10/2011 and 09/2012, subsidize the cost for State employees to register for Live Healthy Nebraska, a physical activity and nutrition (weight loss) challenge; contractor (Nebraska Sports Council) manages registration, tracking and evaluation.

Activity Status

Completed

Activity Outcome

Teams were formed by state employees across the state, including many state agency staff and university staff.

During the spring 2012 challenge:

- State employees from various agencies across Nebraska formed 82 teams with 479 participants, lost a total of 1,624 pounds and charted a total of 1,708,251 minutes of activity.
- University of Nebraska Lincoln employees formed 66 teams with 435 participants, lost a total of 1,107 pounds and logged a total of 1,043,349 minutes of activity.
- University of Nebraska Kearney employees formed 52 teams with 284 participants, lost a total of 753 pounds and logged a total of 614,2239 minutes of activity.
- University of Nebraska Omaha employees formed 20 teams with 111 participants, lost a total of 318 pounds and logged 236,156 minutes of activity.

Reasons for Success or Barriers/Challenges to Success

(+) Expertise of staff and existence of web-based challenge program.

(-) Getting state employees to participate on their own time, with only a small financial incentive (a \$10) discount on the fee for enrolling in Live Healthy Nebraska.

Strategies to Achieve Success or Overcome Barriers/Challenges

(+) Rely on staff of the Nebraska Sports Council to guide teams and answer questions.

(-) No strategies identified.